

Client Perspectives and Experiences of Congruence

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List of Abbreviations

| <i>Acronym</i> | <i>Actual Term</i> |
|----------------|---|
| BACP | British Association for Counselling and Psychotherapy |
| BLRI | Barrett-Lennard Relationship Inventory (Barrett-Lennard, 1964) |
| BSRI | Brief Structured Recall Interview |
| CA | Conversational Analysis |
| CBT | Cognitive Behavioural Therapy |
| CORE | Clinical Outcome in Routine Evaluation |
| CPR | Counselling and Psychotherapy Research |
| CSPCS | Comprehensive Scale of Psychotherapy Session Constructs-Revised |
| EAC | European Association for Counselling |
| ECE | Education in a Changing Environment |
| IPA | Interpretive Phenomenological Analysis |
| NHS | National Health Service |
| NREPP | National Registry of Evidenced-Based Programmes and Practice |
| OEFS | Observing Ego Functions Scale (Clarke, 1996) |
| RSES | Rosenberg Self-Esteem Scale (Rosenberg, 1965) |
| SCS | Self-Consciousness Scale (Fenigstein, 1975) |
| SDS | Social Desirability Scale (Sheenan, 1960) |
| SFT | Solution Focused Therapy |
| SMS | Self-Monitoring Scale (Snyder, 1974) |
| SPARC | Salford Postgraduate Annual Research Conference |
| SWLS | Satisfaction with Life Scale (Diener et al., 1985) |
| UPR | Unconditional Positive Regard (Rogers, 1951) |
| WAI | Working Alliance Inventory (Horvath and Greenberg, 1989) |
| WAPCEPC | World Association for Person-Centered and Experiential Psychotherapy and Counselling |
| WBE | Work Based Experience |
| WBL | Work Based Learning |

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The thesis now opens with the abstract of this study.

Abstract

Client Perspectives and Experiences of Congruence

This small scale enquiry looks at the value of Rogers' concept of congruence¹ from the perspectives² and experiences³ of clients⁴ rather than those of the counsellor, as, it is the view of the author that the value of congruence is only established if it is perceived so by clients. It contributes to the debate about Rogers' definition of congruence and offers a research informed perspective, relevant to a range of therapeutic interventions, of the nature and function of congruence in the counsellor-client relationship. The study involved me as the researcher and six participants from two cultural backgrounds who had responded to a leaflet after having experienced therapy⁵ with a qualified counsellor other than me. A pilot study was carried out followed by six semi-structured, face-to-face and telephone interviews that were transcribed and analysed using a qualitative, thematic analysis approach. A decision was made to divide participants into those who had experienced person-centred counselling and those who had experienced CBT (cognitive behavioural therapy) or integrative therapy. This was not an original decision but one that was made during the study in order to compare the presence and the importance of congruence in different models of therapy.

Results revealed that there were terms that were central to, related to and unrelated to Rogers' definition of congruence. Factors that were centrally related to congruence were: connection and demeanour. Therapist facilitative factors that were tangentially related to congruence were: respect; understanding; empathy; self-disclosure; trust; body language; conveying emotion and caring. Participants also referred to non-related facets such as therapist competence. Due to the majority of codes being related to congruence, this led to the conclusion that participants held a wide definition of the concept, implied by proxy⁶ (as a substitute). Participants confirmed the value of congruence, suggesting that Rogers' theory, that is, that therapist congruence is necessary for positive growth to occur in clients, is important in counselling (Rogers, 1957). Congruence therefore cannot be described as an outdated theory or professional ideology but as a key concept that is prized and valued in modern day therapy.

This study offers an original contribution to knowledge and professional practice because it provides not professionals but clients with the opportunity to have their voices heard. It allows service-users to put into words their experiences, thereby offering a better understanding of the phenomenon of congruence. The study has therefore allowed the

provision for a more empowering, research-informed counsellor-client experience. A second claim to the study being unique and a valid contribution to knowledge is that the research has a particular focus on Rogers' definition of congruence and enquires if this is relevant for service-users as opposed to service-providers.

What follows is Chapter One, the background to this research.

¹ For the purpose of this research, it should be noted in the first instance that I have worked from Rogers' definition of 'congruence' which may also be referred to as '*genuineness, honesty, realness, authenticity and openness*' in the counselling relationship (Rogers, 1961). I have referred to this as the 'central' definition of congruence.

² In relation to the term 'perspective', this has been recognised as meaning a particular attitude, a way of regarding something or point of view.

³ In relation to the term 'experience' this refers to "Something synonymous with the whole phenomenal field which includes all perceptions, thoughts about these perceptions, the person's responses to his perceptions including thoughts, sensations, feeling and personal meanings" (Rogers, 1959, p. 197).

⁴ The terms '*client, service-user*' and '*participant*' are used interchangeably.

⁵ The terms '*counselling, psychotherapy*' and '*therapy*' are also be used interchangeably. Also, the term '*therapy*' is used in its broadest sense and includes experiential and process-orientated therapy.

⁶ The central concepts of Rogers' definition of congruence that were referred to by participants were 'connection' and 'demeanour'. A 'proxy' has been recognised as clients referring to the following: 'respect; understanding; empathy; self-disclosure; trust; body language; conveying emotion' and 'caring'.

Chapter One

Background

Contained in this first chapter is the rationale for this research, a description of my evolution as a counsellor and the evolution of this research.

1.1 The Rationale for this Research

The question that forms the basis of this research is, ‘What are clients’ perspectives and experiences of congruence?’ This DProf study is unlike other Doctoral studies, for example, Evans (2008), Wiequand (2010) and Toescu (2011), as it looks at congruence from the perceptions of counsellors as opposed to clients. It is also unlike non-Doctoral studies carried out by Grafanaki and McLeod (1995) that look at the opinions of clients *and* counsellors, or, Wong and Ng (2008) that focus on congruence from the standpoints of therapists.

The four main aims of this study are as follows:

1. To critically consider the concept of congruence from the clients’ perspective.
2. To determine whether or not clients experienced congruence from their therapists.
3. To contribute to the debate about Rogers’ definition of congruence.
4. To offer a research informed perspective, relevant to a range of therapeutic interventions, of the nature and function of congruence in the counsellor-client relationship.

Traditionally, it has been the counsellor’s or researcher’s point of view that has informed the understanding of counselling. Increasingly however, the client’s perspective is being recognized as valuable, if not essential (Caskey et al., 1984). This suggests the recognition of a need to shift from counsellor-centred research to client-centred research and the acknowledgment that unless therapist congruence is perceived by clients, it has no value other than a professional ideology. This project critically considers congruence, also known as genuineness, honesty, realness, authenticity and openness (Rogers, 1957). Congruence is considered highly important in therapy and is an essential ingredient which determines outcomes (Cooper, O’Hara, Schmid and Wyatt, 2007).

1.2 My Evolution to Becoming a Counsellor: Reflexivity

As this Professional Doctorate is being carried out via the Centre for Work Related Studies, it feels appropriate to include my journey to this point:

Born in the UK, I was an only child to a Yugoslav father and a British mother. Being raised in the 1970s, few children had a foreign parent. From an early age I was teased due to having an unusual surname and a father who spoke with a strong South-Eastern European accent. As a child, such torment felt difficult to handle. This was exaggerated by me experiencing repeated trauma. Entering into adolescence, I experienced increased feelings of difference. After the death of my grandma, my mother was unwell, forcing her to be sectioned. At the time, I felt extremely exposed as the daughter of a woman who had a mental illness. Moreover, I was becoming increasingly aware of difficulties I was experiencing within myself, that is, 'incongruences'. These events drove me to develop an intense interest in the mind. At 19, a change in situation at home caused my father to commit suicide. Having been raised in what I was beginning to see as an incongruent environment, this period led to a further development of my interest in mental health. I wanted to understand the mind.

Having met my husband some years earlier, at 21 I gave birth to my daughter, Monica. The sudden onset of motherhood was traumatic. Having the responsibility of a new baby, I quickly realised that unless I sought help, I too could follow a similar pattern of helplessness and depression that my parents had experienced. Although seeking support was not the route I had imagined taking in order to learn about the mind, this path was the catalyst for change of a healing nature and led to my initial exploration of the world of counselling. Searching for help led me to an Adlerian therapist working in independent practice. Therapy was both difficult and enlightening. On reflection, it is likely that I presented to her as a frightened and extremely lost client, yet the honesty, understanding and congruence I received from her allowed me to heal. Furthermore, this therapist appeared to be at ease with herself, that is, congruent, and I too wanted to achieve this way of being. Her attributes contributed to my interest in counselling and, more specifically, into therapists' qualities such as congruence. Her ideological perspective and humanistic approach also influenced my own perspective. Realising my interest, she encouraged me to explore training courses and at 24 I entered the counselling profession, qualifying as a therapist at 27, when I began to advertise myself as a counsellor. In 2006 I became accredited with the British Association of Counselling and Psychotherapy (BACP) and in 2008 I graduated with a Masters in Counselling following a self-funded project to explore, 'From Where Do Counsellors in Private Practice Receive Their Support?' (Savic-Jabrow, 2007). I developed a substantial client base, working with service-users from various companies including BUPA and ATOS. I also built up a case-load of private clients from a BACP website listing and via recommendation from others.

However, in the isolation of independent practice, I was missing contact with other professionals and I wanted to continue learning. Hence, I made a decision to enroll on the DProf. I presented at conferences: the Salford Postgraduate Annual Research Conference (SPARC); Education in a Changing Environment Conference (ECE) and a BACP Annual Research Conference where I presented the findings from my MSc. However, my most satisfying achievement was a publication of my research in CPR (Counselling and Psychotherapy Research), a peer-reviewed journal for counselling and psychotherapy professionals. It is sometimes the case that individuals who enter the helping professions have themselves experienced trauma in their lives. I am aware that my desire to become a therapist was the result of an over-compensation, borne from a family background of mental health issues. This phenomenon is described by Carl Jung as ‘The Wounded Healer’ and refers to individuals who help others yet are to a degree still in need of assistance themselves, possibly without even recognising it (Jung, 1995).

I have carried out this self-funded research project as a senior accredited counsellor. I have gained work-based learning (WBL) and work-based experience (WBE), assisting clients with a range of issues including: depression; anxiety; stress; abuse; bereavement and work-place bullying. I have also trained in and learned about a variety of therapeutic orientations including solution-focused therapy (SFT) and psychodynamic therapy, hence my professional ideology has modified over time. In practice, my way of being consists of an ‘integrative working in a person-centred way’, that is, the drawing on mainstream theoretical perspectives, integrating knowledge and skills from different therapies. However, having originally trained in the person-centred approach (Rogers, 1957), my professional ideology remains largely with this therapeutic way of being. Experience has taught me that the components of a therapeutic relationship, in particular, understandings about congruence, can develop and strengthen over time. As a novice counsellor I remember being in awe of course tutors who, although they agreed that congruence in a therapeutic relationship is not easy, did not seem to be as overly-concerned with the concept as us students at the time. My experience in relation to congruence is that the ability to be congruent is strengthened by factors such as: the opportunity to practise; faith; past experience and daring to be real. Therefore, having spent thousands of hours in counsellor-client contact, professional practice has allowed me to develop my understanding of what I believe is a vital component of the therapeutic relationship (Bozarth 1998, Lietaer 2001, Wyatt 2012, Cornelius-White 2013). It is this understanding and my personal and professional perspective which has a particular focus and motivation to determine honesty, diligence and morals (Bogda, 2004) that has led me to be drawn to the topic of congruence. I aspire to being genuine, honest and open in

counselling relationships. Despite an increase in interest in the world of science, my perspective continues to be more humanistic than scientific. This is because I believe in subjectivity, that is, that there is not one single reality to be discovered. Instead, I believe that there can be multiple realities: people can experience the same event however view it differently.

1.3 The Evolution of this Research

This research looks at how clients perceived and experienced their therapists. It evolved from my professional position of a counsellor in private practice, a vocation I have been involved in for eighteen years. Writing from the position of a practitioner who is interested in research and having worked with clients who have previously visited other counsellors and reported that therapy was unsuccessful, I have been curious to learn whether clients consider that a poor therapeutic outcome or failure may have been due to therapist incongruence (Maluccio, 1979). In addition, I had become aware of a significant gap in the literature in relation to the perceptions held of therapists by service-users; this is despite clients having a valuable contribution to make in relation to what is considered important in counselling. As we are in an era where value and power are placed on the opinions of service-users, I decided to ask clients whether they experienced congruence from their counsellor, and critically consider the concept and its importance in the therapeutic alliance.

The National Registry of Evidenced-Based Programmes and Practice refer to congruence as “A complex skill that requires both discipline and practice to develop” (NREPP, 2010). Work-based learning has taught me that the majority of what a counsellor wishes to say to a client can be said, however, the manner in which it is said is important. Moreover, as Davies acknowledges, there is a time and a place for congruence and, a way of being congruent (Davies, 2014). Research by Asay and Lambert (2001) suggests that therapists show different levels of effectiveness, irrespective of their treatment approach. Bachelor and Hovarth (1999) and Duncan et al., (2003) suggest that client ratings are better predictions of the success of therapy compared to those of counsellors. Hence, it can be argued that it is clients who are the only real analysts of the success or otherwise of therapy. Furthermore, from a personal perspective, it was my experience of being a client that could qualify whether or not I had experienced my therapist as ‘congruent’. It is for reasons such as these that I decided to look at congruence from the perspectives of clients.

Although this research focuses on congruence, the view adopted is that this way of being is part of a trio which includes empathy and unconditional positive regard. Knox and Cooper note the importance of this trio, namely, the core conditions (Rogers, 1957), and suggest that empathy, unconditional positive regard and congruence are different facets of a single variable, termed ‘relational depth’ (Knox and Cooper, 2010). Congruence alone is not a recipe for success in counselling and if it is not accompanied by empathy - an attitude of understanding a client’s experiencing and unconditional positive regard - an experience of non-judgemental value for the client (Rogers, 1957), congruence – genuineness, openness, realness, authenticity could be considered to be abusive; consequently, congruence should be used with caution (Haugh, 2012), especially in trauma work when a supportive atmosphere is prime.

Over the last decade, therapy has changed in many ways with CBT being administered in hospital settings often in sets of six, eight or 12 sessions over a particular time-duration. As an independent practitioner, this has highlighted the need for me to maintain the core conditions, because, although the field may have expanded, there is a strong need for therapists to maintain the fundamentals of counselling (Cooper, 2008). Therapy, particularly person-centred therapy, is about the relationship between the counsellor and the client, with the counsellor unconditionally positively regarding, empathically understanding and being congruent with the client. These ways of being are the primary ingredients which contribute to successful therapeutic outcomes (Cooper et al., 2013). More specifically, as Gillon suggests, “It is the reduction of incongruence that is associated with greater psychological wellbeing and, as such, provides the rationale for an approach to psychological therapy” (Gillon, 2007, p. 2). The person-centred approach aims for clients to be fully engaged in the therapeutic relationship to allow for the possibility of them experiencing warmth, understanding and openness from their counsellor. The therapist must therefore be able to offer such a climate.

As a summary, providing an appropriate setting, in addition to other considerations, confirms my beliefs regarding best practice. The desire to retain the core conditions has formed the basis for the evolution of this study and has been mirrored by my research interest being refined to the title of, ‘Client Perspectives and Experiences of Congruence’.

What follows is the literature review.

Chapter Two

Literature Review

This chapter opens by examining Rogers' and his predecessors' views on congruence, followed by those of his critics. It considers literature post Rogers and critically considers transference, countertransference and attachment. The chapter contains a section on neuroscience. Literature related to clients' perceptions is considered, prior Doctorates in the field are explored in addition to a focus on three studies. A summary of previous research concludes the chapter.

2.1 Rogers and His Predecessors

When carrying out investigations, Strauss and Corbin (2008) caution against too heavy a focus on previous works in case existing theories and concepts block new discoveries. Whilst I was aware of this consideration, it felt necessary to look at prior literature in order to be familiar with other studies. A literature search was carried out in April 2011, August 2012 and then January 2015. The search terms used were: congruence; genuineness; counsellor; therapist; client; client-perspective and non-directive; (databases that were searched are listed after the References section of this thesis).

The person-centred approach to therapy was founded by an American Psychologist, Carl Rogers (1902-1987). In the 1940s, positivist science in the form of measurable research dominated the profession, and experiential methods were thought to be less reliable due to a lack of 'hard' documented evidence. Contrary to popular views, Rogers began to focus on experience as opposed to behaviour, advocating that the behaviour of individuals cannot be comprehended without an understanding of their experiences.

Understanding how humans experience their world is one of the foundations of epistemology and counselling practice (Cooper, 2007). Roger's interpersonal theory centred on the individual, the relationship and non-quantifiable measures which were different from the traditional scientific studies of the time. Rogers emphasised how human responses are arbitrated by the way individuals observe things and perceive situations, that is, what people understand as reality (Cooper, 2007).

The term 'congruence' is derived from a Latin word meaning harmony (Brazier, 2001) and has been referred to as 'realness' or 'genuineness' (Greenberg, Rice and Elliott, 1997); 'immediacy' (Turock, 1980); 'authenticity' (Jourard, 1971) or 'transparency' (Lietaer, 1990, 1993, 2001 and Mearns and Dryden, 1990). Rogers, as a humanistic psychologist, defined

congruence as a therapist being “Genuine and without front or façade, openly being the feelings and attitudes which at that moment are flowing in him” (Rogers, 1961, p. 61). Mearns and Thorne define congruence as, “A state of the counsellor’s being when her outward responses to her client consistently match the inner feelings and sensations which she has in relation to the client” (Mearns and Thorne 2013, p. 84).

Rogers first introduced ‘congruence’ in a theory of personality, referring to the consistency between the self and the ideal self (Rogers, 1951). He used the term in relation to a therapist’s way of being, advocating its necessity as an attitude and a condition in therapy (Rogers, 1956). As a practitioner and researcher, Rogers encouraged therapists to “Find their genuine reality” (Rogers, 1961, p. 33) and placed congruence as one of the necessary conditions in order for therapeutic change to occur. Congruence subsequently became one of the three conditions in his theoretical statements (Rogers, 1961).

Rogers was influenced philosophically, psychologically and theologically by: Kierkegaard (1813-1855) for change processes; Husserl (1859-1938) for phenomenological existentialism; Buber (1878-1965) for postmodern themes; Heidegger (1889-1976) for being and time; Maslow (1908-1970) for humanism and Goldstein (1956-1994) for holistic theory. However, he was primarily influenced by the work of Rank (1884-1939) on individual self-acceptance; the writings of Taft (1857-1930) on relationship therapy; the work of Horney (1885-1952) on the idealised real self and the joint work of Snygg (1904-1967) and Combs (1912-1999) on the theory of personality. Like Snygg and Combs, Rogers recognised personality and behaviour as ‘phenomenology’.

Rogers developed a theory of relationships, devising what is now known as the ‘person-centred approach’ to counselling. He maintained that the more genuine a therapist is in the relationship, the more likely that therapeutic change in the client could occur. He advocated that congruence as a state or condition within the therapist must be perceived by the client at least to a minimal degree in order for healing and significant change to take place. The meaning of congruence developed in Rogers’ writings and due to him laying the grounds for various interpretations of the concept, it can be considered ambiguous. For example, in his 1951 book, Rogers used the terms ‘adjustment’ and ‘maladjustment’ and it was not until later that he changed the use of these clinical phrases to the less diagnostic terms of ‘congruence’ and ‘incongruence’ (Brodley, 2012). These changes of phrase by Rogers are arguably a representation of the shift from a focus on behaviourism that was poignant at the beginning of his writings, to more experiential processes that were centred on experience. Moreover, it

could be argued that the challenge of labelling, interpreting and offering one precise definition and explanation was the beginning of the confusion in relation to congruence (Haugh, 2012). However, despite the various interpretations, empirical evidence shows that Rogers' approach to therapy is an effective way of being and that congruence is one of the main components necessary for therapeutic change to occur (Cooper, 2008, Wyatt, 2012).

In addition to empathic understanding and unconditional positive regard, Rogers maintained emphasis throughout his life on the need for the therapist to be real, genuine, transparent and congruent. He stressed the necessity for a counsellor to "Be themselves" (Rogers, 1959, p. 214), and the importance to "Freely be the feelings which emerge within the self" (Rogers, 1957, p. 97) in order for therapeutic change to occur. He adds to his explanation referring to congruence as "An accurate matching of experience with awareness" (Rogers, 1957, p. 97).

Rogers attempted to summarise congruence by illustrating that the more real in experience, awareness and communication individuals are with one another, the more productive and satisfying their relationship will be. On the other hand, he noted that the more that incongruence occurs in a relationship, the more dissatisfying it will be (Grafanaki and McLeod, 1995). Rogers stressed that "It is the perception of the receiver of communication which is crucial" (Rogers, 1961, p. 345), suggesting that clients who perceive their counsellor positively are more likely to benefit from therapy. Rogers' therapy is based on counsellors assisting clients to evaluate issues that arise when incongruence occurs between an individual's self-concept, what he termed as 'conditions of worth' (developed in childhood) and what they experience (Rogers, 1959). Rogers also held that each individual evaluates experiences in terms of how they meet their needs and it is these experiences that shape the development of the individual. He maintained that a developing person has two main needs: positive self-regard and positive regard from others. Both are developed in childhood and shape an individual's self-perception and self-worth (Rogers, 1959). My standpoint in relation to this is in agreement with Rogers and is that a person who: has high self-worth; confidence; positive feelings; a strong image of the ideal self; faces challenges in life; accepts failure and unhappiness at times and is open with people is a congruent individual with an ability to self-actualise. On the contrary, a person with low self-worth is likely to avoid challenges in life. Professional experience has taught me that it is the latter that struggle to accept failure and are defensive and guarded around other people.

Rogers illustrates how it is possible to be aware of the differences between a congruent individual and one who is incongruent. He distinguishes between the two by illustrating the

way in which radio and television commercials use announcers who appear to ‘put on’ playing a role, that is, something not felt but instead acted (incongruence). He compares this to the congruence of individuals “Whom we somehow trust because we sense that they are being what they are, that we are dealing with the person himself, not with a polite or professional front” (Rogers, 1961, p. 61). However, Rogers also recognises that individuals flow from states of congruence to states of incongruence and vice-versa (Rogers, 1961).

Rogers talked of high support and low challenge, where a client can feel supported, yet make no significant change in therapy (Rogers, 1986). This imbalance can result or arise from therapist incongruence as it can breed unwillingness or the inability to confront what requires challenging. A sound approach is one which is highly supportive whilst challenging and enabling in ways that benefit the client. Authors such as Kahn in addition to Mearns and Thorne echo this, directing therapists to aspire to genuineness (Kahn 1997, Mearns and Thorne 2013). As Mearns and Thorne note, “The more the counsellor is able to be herself in the relationship without putting up a professional front or a personal façade, the greater will be the chance of the client changing and developing in a positive and constructive manner” (Mearns and Thorne, 2013, p. 15).

Although Rogers’ made fewer references to clients’ viewpoints in relation to the therapeutic alliance, he considered clients as important contributors and active participants in the counselling relationship (Toukmanian and Hakim, 2013). Rogers was against therapeutic techniques which lead clients, advocating that this was authoritative behaviour on the part of the counsellor and not conducive to successful therapy. This is contrary to constructive therapies for example, which although they “Respect and accept clients’ perspectives and aim to direct and lead clients in pre-planned directions towards personal strengths and problem solving abilities” (Sommers-Flanagan and Sommers Flanagan, 2012, p. 378), they can be perceived as too directive. Rogers’ believed in the importance of the client’s experience, evidenced by his acknowledgement that it is the client who knows best and that the therapist should wear their expertise as “An invisible garment” (Mearns and Thorne, 2013, p. 6). In addition, Rogers recognised that therapeutic movement in an individual is affected by clients’ perceptions of their counsellor’s attitude, personality and technique (Rogers, 1951), again suggesting the value of clients’ perceptions as opposed to those of therapists. He describes how the core conditions can allow a client to change from viewing himself or herself with a critical eye to a state of self-acceptance. Moreover, he suggests how experiencing a congruent connection with a therapist strengthens the individual’s ‘self-actualising tendency’ by prizing, valuing and encouraging the client “To become his potentialities” (Rogers, 1961, p. 351). A

sound perspective to adopt could be that it is the congruent interaction with a counsellor that contributes towards the client's self-actualising tendency being normalised.

Rogers considered that subjective experiencing is an inevitable part of existence, and is of such great importance, that the first two of his 19 Classic Propositions which discuss a theory of personality emphasise the importance of experience (Rogers, 1951). Collin and Young suggest that individuals generate their own subjectivity and that this arises from multiple social contexts of life. They go on to say that if these elements are open to change, then so is subjective experiencing. In relation to therapy, they suggest that counselling is a social practice that not just helps people via its service, but shapes peoples' subjective experiences of how they think about work and relationships (Collin and Young, 2000). My personal standpoint agrees that when new thought patterns emerge, they influence individuals and their experiences in specific ways (Rogers 1961, Cozolino 2014).

Boeree (2012) notes how Rogers' theory of personality is a similar but more radical version of the personality theory of Snygg and Combs, who talk of a "Special kind of environment, created by the therapeutic situation" (Snygg and Combs, 1949, p. 313). This environment allows the client to be honest in order to facilitate therapeutic change. Rogers too, talked of such an environment which is mainly created by the strength of the therapeutic relationship. The "Non-threatening, permissive atmosphere" (Snygg and Combs, 1949, p. 313) that Snygg and Combs refer to, can be likened to the understanding and acceptance that many people associate with congruence and unconditional positive regard, by the way in which it promotes acceptance of an individual in a safe, trusting environment. Although Snygg and Combs do not expressly use the term 'congruence', it could be suggested that they create a path for Rogers' theory when they talk of honesty; moreover, their reference to non-directive therapy (Snygg and Combs, 1949) had a large influence on Rogers' way of being (Rogers, 1951) due to their focus on the experiences of the individual. From these suggestions, it is important to remember that congruence may be found in association with understanding and acceptance, even though it is a different concept.

Learning how individuals experience their world begins with understanding their subjective experiences, for example, their beliefs and values. In 1957 Rogers formulated six conditions which he suggested would guarantee psychological change if they were met:

1. Two persons are in psychological contact.
2. The first, whom we shall term the client, is in a state of incongruence, being vulnerable or anxious.

3. The second person, whom we shall term the therapist, is congruent or integrated in the relationship.
 4. The therapist experiences unconditional positive regard for the client.
 5. The therapist experiences an empathic understanding of the client's internal frame of reference and endeavours to communicate this experience to the client.
 6. The communication to the client of the therapists' empathic understanding and unconditional positive regard is to a minimal degree achieved.
- (Rogers, 1957).

These conditions contain two components: those associated with the therapist - present in conditions three, four and five and those linked with the client - present in conditions one, two and six (Gillon, 2007). Rogers advocated that if the conditions were met, healing from sensitised states could occur, advancing even beyond the time spent in client-counsellor contact. Moreover, his prizing of the client emphasises the balance he understood to be required in the therapist-client relationship (Rogers, 1986). This balance however is largely determined by the counsellor having the desire and the capability to achieve such equilibrium and mutual understanding.

Rogers places great emphasis on the need to continuously check out, clarify and summarise what the client is trying to understand. Professional experience has taught me that this is a valuable process, not merely due to the fact that clients' viewpoints are increasingly being recognised as important (Caskey et al., 1984). Within this process is the opportunity for therapists to tentatively research, on a moment-to-moment basis, how they feel they are being received by the client (Rogers, 1986), thereby allowing a flow of opportunities for congruence (condition three of Rogers' six conditions) to occur. This process however depends on service-users providing therapists with congruent responses, a factor not guaranteed if the individual is defensive, possesses a fear of reality or has a denial to awareness (Rogers, 1951).

Rogers believed that congruence was the most important of the therapist conditions "Due to the way that it underpins the experiencing of unconditional positive regard and empathy" (Gillon, 2007, p. 14). However, Rogers suggested that in addition to congruence being given "Priority" (Rogers, 1959, p. 215), therapists should attend to and allow accurate symbolization of their feelings and experiences into awareness, particularly if it is realised that they are not unconditionally accepting or not empathically understanding a client (Brodley, 2012). In practice, a reasonable conclusion to adopt is that all six conditions are

important, however as congruence underpins unconditional positive regard and empathy, it is this attitude that should be given precedence.

2.2 Rogers' Critics

Much of Rogers' work concentrated on one-to-one connectedness; however, he worked with both individuals and groups. Since Rogers, counselling has advanced to include: couple counselling; support groups and debriefing post trauma where congruence can be a challenge, for example, in group situations. Rogers work with groups led him to perceive potential difficulties including the need for therapists to "Be able to recognise and handle objectively the cross-current of feeling that develops within the group" (Rogers, 1951, p. 305). Schmid and O'Hara recognise challenges with congruence in group work, however they suggest that "The foundations of therapy would be incomplete without considering the importance of group processes" (Schmid and O'Hara, 2013, p. 93). This is a valid consideration as the majority of counsellor training courses now incorporate some tuition on Rogers' theory of congruence and his work with groups.

Whether considering his work with individuals or groups, Lietaer and Rogers vary in opinion. With reference to communicating congruence, Rogers refers to the need to share only persistent feelings. Lietaer on the other hand advocates a more active, spontaneous approach where a flow of communication can occur, hence, more opportunity for congruence to be experienced (Lietaer, 2012). The advantages of Lietaer's approach include the opportunity to be 'in the moment'; however, disadvantages can include what may be perceived as undisciplined responses from an unskilled therapist. Further differences in opinion exist between Rogers and Haugh who suggests that defining and explaining congruence has been complicated by using alternative words such as 'genuineness' to describe it (Haugh, 2012). Haugh goes on to suggest that it is largely this issue that has resulted in research difficulties, "Due to the level of implicit disagreement concerning the communication of congruence" (Haugh, 2012, p. 15). Haugh also says that due to the confusion stemming from Rogers about the "Lack of clarity between theory and practice" (Haugh, 2012, p. 15), there should be more communication about the confusion in order to assist understandings of the concept (Haugh, 2012). A view I adopt is one which agrees that the many definitions offered by Rogers have likely contributed to the perplexities of congruence and that this lack of clarity should be examined further. However, it could be argued that several terms are necessary to describe congruence given its subjective nature and the difficulty in prescribing one definition that rings true with both counsellors and clients. Moreover, it could be argued that when

researching congruence, some level of subjectivity will always be present due to the nature of the concept as a subjective experience which is reported largely through words and actions rather than statistics. However, I appreciate the opinions of Lietaer who suggests that congruence should be displayed in a more active and freeing manner, one that allows counsellors to provide spontaneous in-the-moment responses to clients. Such spontaneity, provided it is disciplined, reduces the likelihood of missing important opportunities, for example off-the-cuff remarks made by clients that, during client-counsellor dialogue, may have hidden meaning.

Gendlin is also one of Rogers' critics. Gendlin believed that Rogers' notion of congruence was unworkable due to the constructs of experience and congruence not being observable (Gendlin, 1997). The difficulties in measuring congruence are also noted by Geller (1982) and Cornelius-White (2007) and the use of scales is one way in which researchers have tried to diminish such criticisms. Others that rejected Rogers' experiential way of being include DeMott who suggests that phrases such as, 'getting in touch with my feelings, working at my relationship' and, 'being open to experience' (Rogers, 1961), were vague and non-directive (DeMott, 1979). Another of Rogers' critics was Geller, who suggests that Rogers' theory is "Unacceptable, incoherent and unworkable in practice" (Geller, 1982, p. 56). Geller criticises many aspects of Rogers' theories including the "Incoherent assumption that the true self is an immaterial unchanging substance that can be an object of exploration" (Geller, 1982, p. 60). Geller also disputes that a true self exists and is created without prior understanding or awareness. He speaks about congruence being the most troublesome of the core conditions to psychotherapy due to its complexity (Geller, 1982). My own personal experience informs me that whilst Gendlin finds Rogers' concept of congruence difficult to accept due to it not being observable, and Geller who believes in its complexity, of the core conditions, it is the experiencing of congruence by a client from a therapist which underpins the therapeutic relationship (Gillon, 2007). This is the position which informs this thesis.

In relation to Rogers' critics, there is a broad spectrum of opinions that have been generated, not all of which have substance. It could be argued that there are weaknesses within the person-centred theory, for example that it is not direct enough and if it is open-ended a lack of focus can result in clients feeling unnecessarily lost. However, the strengths of the discipline, such as the gentle, non-directive attitude offered by a therapist, and a model based on personal growth and development is arguably beneficial to clients when offered in a non-threatening and permissive environment (Cooper et al., 2013). Moreover, a model of therapy that empowers a client to determine what he or she works on and when they do this is clearly

self-enhancing, as, a main aim of therapy is to encourage autonomy and independence as opposed to dependence and reliance on a counsellor. Furthermore, personal experience of gaining a feeling of wellness and improved self-development from person-centred therapy suggests that congruence is observable, contrary to, for example, Gendlin's criticisms (Gendlin, 1997).

To summarise, the late emergence of congruence has contributed to doubt in relation to its importance in counselling; this has led to confusion amongst practitioners about what it means for therapy (Haugh, 2012). These difficulties have led to the complexities that Geller acknowledges (Geller, 1982). Congruence has been recognised as the most complex of the core conditions; however, it is not suggested here that empathic understanding and unconditional positive regard are simple concepts either.

2.3 Literature on Congruence Post Rogers

After the writings of Rogers (1957, 1961, 1979, 1980, 1986), among the most influential authors on congruence are: Patterson (1959, 1984) for self-experiencing; Mearns and Dryden (1990) for the necessity of the therapeutic conditions; Lietaer (1993, 2001) for a wider definition of congruence and Greenberg et al., (1997) for a focus on emotions. These writers, along with Bozarth (1998) who compares the person-centred paradigm to other approaches and Wyatt (2001, 2012) who compares and contrasts experiences of congruence, offer clarifications of the concept (Cornelius-White, 2007). Others, including Jourard (1971) who looks at self-disclosure and Turock (1980) who looks at immediacy, have also contributed to our understandings. In addition, research into non-specific or general characteristics can be found in earlier research carried out by both Watson (1940) who looks at the quality of relationships and Fiedler (1950) who looks at the ingredients of the therapeutic relationship. Other contributors include Grafanaki and McLeod (1995, 2002) for experimental congruence and Wong and Ng (2008) for their focus on therapists' congruence. Understandings of congruence have developed since its introduction by Rogers yet it continues to be seen as essential to the provision of a healthy, trusting and forward moving therapeutic relationship (Cooper, O'Hara, Schmid and Wyatt, 2007). Combined with empathic understanding and unconditional positive regard, congruence has come to be viewed as an important mechanism for change in relationships (Cornelius-White, 2007) and/or as part of a meta-condition, that is, "Functionally one condition" (Bozarth, 1998, p. 80).

Rogers suggested that successful therapy is due to the therapeutic alliance and that any relationship possessing the core conditions would produce psychological change within the client, irrespective of the approach employed (Gillon, 2007). My own professional experience has found this to be true as it is the relationship between the counsellor and client that is needed for trust, understanding and in turn, change to occur. Therapies other than person-centred have indeed become popular and moreover, CBT therapists such as Grant et al., (2008) recognise the value of relating at depth (Knox and Cooper, 2010). However, researchers who include Leahy acknowledge how behavioural therapies such as CBT are still criticised for a lack of emphasis on the therapeutic relationship (Leahy, 2008).

However, Rogers acknowledged that continuity of the therapeutic conditions is not humanely possible; he even goes so far as to say that if continuity of congruence was a necessary condition, “There would be no therapy” (Rogers, 1959, p. 215). Brazier (2001) considers how ‘awareness’ is important when considering congruence and suggests that we are congruent when we are not hiding anything. However, like Rogers, Brazier recognises that none of us are aware of everything about ourselves all of the time, hence, “There will always be some aspects of ourselves hidden from view no matter how congruent we may try to be” (Brazier, 2001, p. 9). This consideration is supported by Cornelius-White who also recognises that it can be difficult to develop internal congruence, and suggests that it is important for individuals to be self-aware in order to be able to accurately communicate experiences. He illustrates that “A congruent person is in a process of understanding and accepting their perceptions and reactions as they occur” (Cornelius-White, 2007). Cornelius-White also believes that the ability to always be a congruent being is not humanely possible as it is a process to which one can improve at, but never ‘be’ completely. Lietaer views congruence as a matching of inner and outer sides, the inner being the awareness of ongoing experience and the outer being the expression of experiencing; he suggests that during congruence these sides should mirror one-another (Lietaer, 2012). Wilkins echoes the importance of therapist self-awareness and suggests that it is this facet, although it is difficult, that helps to provide clients with strength and willingness to “Engage in honest and accurate self-exploration and revelation” (Wilkins, 2001, p. 428). Moreover, complex issues such as self-awareness of both mind and body (Cornelius-White, 2007) and the ability to communicate with controlled appropriateness and a sense of flow are now seen as obstacles to congruence if undeveloped (Lietaer, 1993). A reasonable conclusion to adopt is one which appreciates the following viewpoints: that of Rogers who suggests that the continuance of congruence is unachievable; that of Brazier, who suggests that we cannot examine all that we believe, all that we know and all that we think on a conscious and sub-conscious level and that of Lietaer who believes

that congruence is a matching of inner and outer sides. However, as Cornelius-White (2007) and Wilkins (2001) suggest, developing internal congruence is not an easy task and requires time, focus and ability. Moreover, without time, focus and ability, the potential consequences in relation to congruence may result in incongruence.

Similar to Brazier (2001), Lietaer (1993), Wilkins (2001), Cornelius-White (2007) and Omylinska-Thurston and James (2011) suggest that it is important for practitioners to have a high-level of self-awareness in order not to ‘act-out’ and ‘misuse power’ in therapeutic relationships. These researchers also conclude that self-awareness is a complex phenomenon due to its multi-faceted nature. However, the significance to practice in relation to this line of thinking can be concerning, as it is the responsibility of the therapist to work on understanding the complexities of self-awareness, and develop their ability to be congruent in order that they may understand their clients’ words and expressions.

Landis, a behavioural scientist who studied human facial expressions and emotions suggests that genuine expression can be sensed by others (Landis, 1924). Similar to Landis, Jaffe (2012) also suggests that understanding and interpreting facial and bodily awareness is a complex phenomenon which requires a heightened self-awareness (an important quality as it assists individuals to understand themselves). Jaffe refers to the ‘Duchenne Smile’, suggesting that some consider this to be a useful indicator of genuineness in an individual. Jaffe explains how contracting in the cheek and eye areas of the face by the zygomatic major and the orbicularis oculi produce a genuine expression of positive emotion when stimulated by excitement. Jaffe’s research links with congruence by considering areas such as: experience; self-awareness; thoughts; actions; expressions and demeanour. However, whilst Landis (1924) and Jaffe (2012) are aware of scientific evidence in relation to smiling, body awareness and facial expressions are a phenomenon which, to the untrained, can prove difficult to comprehend. Moreover, suggestions on what is indicative of genuineness or otherwise can be considered confusing as although Jaffe’s teachings are designed to provide indicators, his suggestions complicate the phenomenon further, as, from a research perspective there is not a single tool that is totally reliable in measuring genuineness.

Congruence can be affected by various factors. Rogers suggests that when there is incongruence between experience and awareness it is usually for the purpose of defensiveness, a fear of reality or denial to awareness (Rogers, 1951). Although Rogers discussed these possibilities in depth, little has been written in relation to how to detect incongruence in a therapeutic setting, a criticism that has been noted by those such as Brazier

(2001). Brazier suggests that client incongruence between awareness and communication may carry an intention to deceive (Brazier, 2001). Moreover, as Mearns and Thorne note, deception by both client and counsellor is something which must be worked through in order for therapeutic movement to occur (Mearns and Thorne, 2013). Furthermore, the result of not working through deception is likely to be a relationship built on falseness and is likely to be unproductive and harmful to both client and counsellor (Haugh, 2012). In addition, when considering the motives of professionals, the presence of harmful traits (Savickas, 2005) such as deceit, would certainly be cause for concern both in practice and in research (Cohen, 2001).

Congruence is not solely a White, Western concept. The term was introduced into the field of counselling in the United States by Rogers, however, its importance has been recognised in other societies including Eastern Europe, Asia and Africa. As the knowledge of the benefits of psychotherapy has grown, so has the knowledge of person-centred counselling in these continents, leading to a steady increase in its popularity. Congruence has gradually become an intrinsic part of therapy and healing in a range of cultures and, despite the argument that person-centred therapy is inappropriate for use in non-Western contexts, there is little evidence to support this. Moreover, there is a growing trend in the West for people to see a mental health professional in addition to an alternative, traditional and complementary healer (Moodley et al., 2008). A large amount of this activity is due to the establishment of organisations such as the European Association of Counselling (EAC) and the World Association for Person-Centered and Experiential Psychotherapy and Counselling which formed in 1997. Organisations such as these unite person-centred and experiential therapists from over 200 national organisations and training centres, and host international conferences on client-centred and experiential psychotherapy and counselling.

An example of the appreciation of how congruence has developed in other countries can be seen in research carried out by Hett (2014) which investigates whether the person-centred approach can be effectively used in a Syrian context. Hett carried out multiple case studies of clients who had received counselling at The University of Damascus. What was found was that the person-centred approach can be effectively used with Arab clients and that self-acceptance, increased confidence and an improved ability to deal with problems was achieved with the help of counsellor congruence; moreover, congruence emerged as a ‘significant element’ of therapy. In addition, in a PhD study carried out with participants in the Maldives Islands, Smith (2011), also found that congruence was understood and found to be important in therapy. This is further evidence to suggest that congruence is not just a

White Western concept but one that has gradually grown throughout a range of cultures and continents.

However, Rogers has been criticized for his terminology which often loses meaning when used outside Western culture (Usher, 1989). Such words include ‘congruence’ and ‘genuineness’. Usher cautions that therapists should be mindful when working multiculturally where inhibition is valued in relationships with strangers and congruence could be considered a contradiction to clients’ values (Usher, 1989). Kim (2010) recognises how different cultural assumptions and practices influence individuals’ thoughts and feelings, which in turn affects how we express ourselves both biologically and psychologically. Kim suggests that not every individual in a particular culture views speech and disclosure in a culturally normative way. She suggests that patterns of behaviour are different depending on: the type of relationship; the personality and the cultural group concerned. However, Kim goes on to say that depending on the assumptions and expectations of the culture, self-expression has different physical, social and psychological impacts. She suggests that unlike western countries, speech and self-expression do not hold the same degree of importance in other countries, for example, Eastern Asia. Despite this, a reasonable standpoint to adopt is that congruence holds value multiculturally and is not solely a White, Western concept. Moreover, although there are different interpretations (Usher, 1989) and levels of appropriateness of congruence (Kim, 2010), its foundations of honesty, genuineness and openness (Rogers, 1951) have merit universally (Hett, 2014).

This research focuses on the White British culture. It makes particular reference to the person-centred theoretical perspective which focuses largely on the present, with a continued emphasis on the relationship between the counsellor and the client, this being considered to be an important mechanism for change. However, whilst Rogers (1957) focused on congruence in relation to a person-centred way of working, the concept has been recognised as important in CBT, where normalising interventions are a form of congruence, despite the focus being on client ‘behaviour’ more than the counsellor-client relationship. Moreover, studies that include Sloane et al., (1975) have found that behavioural therapists were rated highly significantly on their level of inter-personal contact, empathy and self-congruence. Findings such as these are significant as Rogers suggested that the core conditions are ‘necessary and sufficient’ for therapeutic change to occur; moreover, this principle was not restricted by him to the person-centred approach. Thus, it could be argued that congruence is ‘essential’ in all therapies (Lambert et al., 1978). In short, whilst congruence has its roots in the person-centred approach, it is fair to say that the majority of therapists have adopted

approaches with a recognisable way of being which uses congruence as a vehicle to assist clients. This suggests that congruence is an important concept in ‘therapy’. Furthermore, in addition to receiving attention in the majority of therapies, congruence is also becoming increasingly popular in areas of neuroscience where there is evidence that successful therapy is the result of a therapist’s healthy brain, normalising a client’s unhealthy experiences by the use of congruence (Cozolino, 2014).

It therefore may be logically argued that whilst authors note similarities and differences of congruence, since Rogers, definitions and understandings of the concept have widened. This happening has provided education and confusion, due to the plethora of terms used and the variation of interpretations offered (Haugh, 2012). However, what remains central to the therapeutic relationship is the need for a counsellor to have a high level of self-awareness and congruence in relation to the self in order that they may develop a ‘connection’ with clients. Reaching such a connection is at the root of successful therapy (Knox and Cooper, 2010) and it is this which is important in order to achieve relational depth. Conversely, a lack of connection can prevent relational depth from occurring and often results in unsuccessful therapy (Maluccio, 1979).

2.4 Transference and Countertransference

Transference is an experience which is characterized by an unconscious redirection of feelings from one person to another (Freud, 1920). Cooper suggests that transference is “The process of transferring to and repeating early patterns of behaviour with present day partners” (Cooper, 2008, p. 112). He defines countertransference as “Therapists’ reactions to clients that are based on therapists’ unresolved conflicts” (Cooper, 2008, p. 112).

Several developments in the understanding of congruence have occurred as a result of its suggested links to the psychoanalytic concept of the unconscious, leading to the realisation that transference and countertransference can vastly influence the wiring of the brain (Yalom, 2009). Through the operation of transference and countertransference, McLeod recognises how the psychodynamic theory is “A source of insight into the distortions that can occur” (McLeod, 2003, p. 188). Brazier suggests that individuals become distorted (incongruent) in order to ward-off disasters; he suggests that the analytical approaches to psychotherapy regard the analysis of transference as key to the therapeutic process (Brazier, 2001). Congruence therefore, can be considered to be a parallel to transference.

Freud noted the frequency in therapy of clients transferring emotions onto therapists who resemble those known to them (Freud, 1920). Hence, it is not uncommon for a female counsellor to be perceived as a mother-type-figure and for a client to act-out feelings and responses to the therapist as if for example, she were the person's mother (transference); as a reverse, what can also occur is a counsellor re-directing his or her feelings towards a client (countertransference). As congruence is a useful mechanism for therapeutic work, the awareness of transference and countertransference is also important as both tools can help or hinder therapy in different ways.

An insightful suggestion is made by Wyatt who notes that “The therapeutic relationship is now seen as the arena for the resolution of the client's transference” (Wyatt, 2001, p. viii). Under the psychodynamic theoretical perspective, transference and countertransference are used in order to uncover and reveal a client's conscious and unconscious thoughts. Psychodynamic therapists aspire to assist clients to develop more awareness and understanding of their thoughts, feelings and behaviours using transference and countertransference. McLeod (2009) notes that transference is a powerful tool in psychoanalytic therapy; this is supported by Grosz, a psychoanalyst who sees transference and countertransference as vehicles to congruence and a way to be in-the-moment with clients (Grosz, 2013). His use of the term ‘vehicle’ may be understood to mean the ability to increase the depth of connection between therapist and client, that is, the skill to transfer feelings from one to another. Grosz also suggests that transference can act as a tool for what he terms as ‘emotional congruence’, allowing a therapist to feel how the client feels (Grosz, 2013).

Grosz talks of a client named ‘Peter’ who was “Possessed by a story he couldn't tell” (Grosz, 2013, p. 9). Recognising the difficulty that Peter was having in expressing himself, Grosz encouraged him to transfer his childhood thoughts and feelings onto him and make him feel “What it was like to be him as a child” (Grosz, 2013, p. 10). Grosz used transference as a vehicle to overcome the difficulty Peter had in verbally expressing his feelings. Via Peter's story Grosz emphasises the importance of listening to what clients say and what they don't say, that is, by listening to the ‘gaps’. This process, that is, emotional congruence is often translated as congruence on a conscious level in person-centred therapy. My professional opinion in short is that if used appropriately, the tools of transference and countertransference can allow a client and counsellor to focus and be ‘in-the-moment’ through emotional congruence.

Congruence and transference can be understood to be closely related due to the similarities which include the use of therapist immediacy and sharing by the counsellor of biographical information, that is, ‘self-disclosure’, defined by Hill and Knox as “Therapist statements that reveal something personal about the therapist” (Hill and Knox, 2002, p. 255). However, it could be argued that transference is a tool for the congruent counsellor and that countertransference is problematic if a therapist is unaware of its occurrence. A sensible position to adopt is one that appreciates when transference and countertransference are apparent however more importantly recognises the need for self-awareness, as, a lack of self-awareness can result in transference and countertransference damaging a relationship; personal and professional reflection and regular clinical supervision can assist with the need for mindfulness in this area.

Wilkins (2001) suggests that despite countertransference not being identical to congruence, there is some equivalence. Patterson (1984) also recognises the similarities between congruence and freedom from countertransference – or the awareness of the therapist in relation to his or her true emotional reactions. Yalom (2009), like Patterson, believes in the importance of self-awareness and self-expression, illustrating the value of therapists feeding back thoughts and feelings that they experience in relation to the client. He refers to transference as “A particular form of interpersonal perceptual distortion” (Yalom, 2005, p. 50) and believes that in therapy “Transference is the most important relationship to be worked through” (Yalom, 2005, p. 50). Yalom seems to suggest that due to its complexities, transference is an undesirable concept or at the very least, one which must be fully understood in order to prevent negatives occurring, such as those associated with dependency, a concern also shared by Wilkins (2001) and Rogers (Vincent, 2005). On a different note, Grosz values the use of transference and suggests that it is valuable in learning “How we all construct each other according to early blueprints” (Grosz, 2013, p. 201). In relation to these opinions, a position to adopt is one which appreciates the argument of Wilkins, that is, that there is some equivalence between countertransference and congruence, yet values Yalom’s and Patterson’s views of the importance of self-awareness and self-expression. In addition, it is wise to recognise Grosz’s idea which shares close similarities to Roger’s understandings of the construct of self.

However, the similarity between congruence and transference is rejected by Rogers. He viewed transference as unsubstantiated due to a lack of evidence. He believed that transference feelings had no place in therapy and that the core conditions were beneficial in dissolving any such feelings. He advocated that transference fosters dependency on the

therapist and lengthens the time required in psychotherapy (Vincent, 2005). Wilkins supports Rogers' argument that congruence is not akin to transference, suggesting that, unlike congruence transference and countertransference are not ways of being (Wilkins, 2001). This disputes links between the two, perhaps suggesting that transference is a 'tool' or 'vehicle' (Grosz, 2013) rather than 'a way of being'. Moreover, as Wilkins notes, the definitions of congruence make no reference to the unconscious, which features significantly in psychoanalytical therapy. Rogers makes reference to therapist awareness, stating that being congruent in the relationship means that the therapist is deeply themselves and self-aware (Rogers, 1951). Similar to Rogers (1951), Milner and Palmer (2001) also reject any similarities between congruence and transference, noting that countertransference can actually lead to incongruence on the part of the therapist by fostering an inattentive state, the counsellor's own material being touched on in some way.

When considering countertransference in relation to congruence, Hawkins and Shohet (2007) refer to four differences:

- The transference feelings of the therapist aroused by a particular client.
- The feelings and thoughts resulting from playing the role projected onto the therapist by the client.
- The thoughts and feelings of the therapist which counter the transference of the client (that is, the thoughts and feelings which resist the projection).
- The somatic, mental or emotional adoption by the therapist of material projected by the client.

(Hawkins and Shohet, 2007, pp. 57-59)

To summarise, whilst Wilkins, Grosz, Yalom and Hawkins and Shohet may share similarities and differences in how they view transference, there are both resemblances and disparities between transference and congruence. A position to adopt is that transference and countertransference have a place; and, congruence can be likened to the unconscious, a parallel to transference and a tool for the congruent counsellor to use self-awareness (via the use of emotional congruence). Notwithstanding, it is most important to realise the value of the core conditions and, the significance of achieving relational depth (Knox and Cooper, 2010).

2.5 Attachment

Attachment theory was developed by John Bowlby (1907-1990) who suggests that the deeper an individual's level of secure attachment, the healthier the person (Bowlby, 1969). Bowlby suggests that early relationships with primary care-givers, such as the mother-child relationship, have a large impact on personality development. He suggests that individuals need to form healthy attachments in childhood and will not function well unless such attachments are experienced (McLeod, 2009). Bowlby's theory has been adopted by counselling schools such as psychodynamic and solution-focused. In addition, authors such as McLeod have recognised the importance of the model, suggesting that "Having knowledge of attachment theory helps practitioners to become more aware of the origins of patterns of relationships described by their clients, and assists them with their way of being" (McLeod 2009, p. 110). Personal professional experience agrees with McLeod and has taught me that knowledge of attachment theory assists clients who present, for example, with relationship difficulties. What is more, educating clients about theories that include Bowlby's helps to educate clients about themselves. This knowledge contributes to a successful therapeutic outcome (McLeod, 2009).

McLeod offers the example of a child's mother being absent and not forming a secure bond. He illustrates how the child will grow up with distrust and difficulty in forming close relationships. However, if the mother has provided the child with a 'secure base', closer relationships will be more likely (McLeod, 2009, p. 104). The ability to foster relationships was considered important by Rogers who believed that human interaction is necessary for development. He also believed that therapists are influential models in assisting clients to be 'fully-functioning persons' (Rogers, 1961), and that healthy interaction can occur by the use of self-disclosure in order to "Foster the alliance" (McLeod, 2009, p. 448). Both Rogers and Bowlby emphasise the importance of childhood and the development of attachments. Similarly, James (2010) illustrates that "Early relational patterns are formative, and can later impact on how a person responds to life issues" (James, 2010, p. 1). However, Rogers', Bowlby's and James' positions are not totally alike. Rogers' views development as a process which continues throughout an individual's life. Field agrees with Rogers, suggesting that some, who include Bowlby and James, place too heavy an emphasis on childhood attachment figures, suggesting that individuals have multiple attachments to a variety of figures during different stages of life (Field, 1996). A standpoint to adopt is one which agrees with Bowlby and James: that early attachment figures are important; however, as Rogers and Field argue, individuals can develop attachments at later stages in life.

Mickulincer and Shaver (2007) note Rogers' idea that attachment security is an important component of healthy love, and, is a major building block for self-actualization. Rogers believed that attachment emerges in the context of another individual's positive regard, one of his core conditions. He understood that interactions with "Security-enhancing attachment figures become natural building-blocks" (Mikulincer and Shaver, 2010, p. 150) of the real self and that it is interactions with these figures that allow the real self to emerge. Rogers believed that this occurs by providing an individual with non-judgemental responses, promoted by the person-centred approach. He suggests that it is this process that allows a person to be confident in being his or her true self, that is, congruent (Rogers, 1957, 1959). My own personal and professional experience has taught me that this theory is justified.

Whilst it is common for people who have difficulty forming attachments to enter therapy, it is not uncommon for individuals who have had therapy to go on to become counsellors. An interesting point to consider, is the effect on counselling practice, if, despite having had therapy, a counsellor has difficulty forming attachments. The implications for this can be huge in terms of the quality of the therapeutic alliance and could even result in abusive relationships. Hence, whether or not counsellors are able to provide the qualities which contribute towards a healthy therapeutic relationship (Cooper et al., 2007), that is, empathy, unconditional positive regard and congruence, could determine whether counselling is successful or unsuccessful (Maluccio, 1979). To summarise, it is a sensible standpoint to adopt the understanding that Rogers' basic beliefs (that include the need for a therapist to provide the core conditions) remain paramount to achieving relational depth; hence, the likelihood of the client experiencing successful therapy.

2.6 Neuroscience

In recent years, developments in the physical sciences, in particular, neuroscience and epigenetics have led to an enhanced understanding of the potential for congruence, by suggesting that *experiencing* congruence can lead to physiological changes in clients. Hence, in order to study congruence, it is necessary to expand knowledge and understanding of the concept to include: biological; neurobiological and social explanations. These explanations are crucial to comprehending the way in which congruence is experienced and its relevance in the therapeutic relationship. Theories of if, how and why congruence works remain complex. Whilst Snygg and Combs (1949) and Rogers (1961) offer extensive debates at the relational level, and social theories of attachment by Bowlby (1969) can be understood and

accepted, modern discoveries in neuroscience must also be addressed in relation to its relevance to the study of congruence and therapeutic change.

Neuroscience is traditionally seen as a branch of biology and is the scientific study of the nervous system. It provides a complimentary perspective of psychotherapy and therefore of congruence. There are a number of psychologists who are keen to learn more about the effect of psychotherapy on the brain, in particular, Louis Cozolino, a clinical psychologist, who discusses in depth how and why congruence may work. Cozolino suggests that “We are at an exciting moment in the history of psychotherapy as we now have the ability to integrate the clinical field of mental health with the independent field of neuroscience” (Cozolino, 2014, p. 10). He describes how the human brain relies on interactions with others for its survival and the importance of the interface between experience and genetics where nurture and nature merge (LeDoux and Gorman 2001, Crabbe and Phillips, 2003).

Cozolino (2014) and Rogers (1957) appear to have a similar understanding of how humans are able to connect and comprehend one-another, the focus being the ‘connection’ or ‘contact’ as referred to by Wyatt (2012). Cozolino describes neuroscientifically the science of human relationships and how they are fostered in therapy. He looks into how and why individuals bond and relate to one-another and how the interaction of one brain with another can be a powerful influence. He illustrates how communication between a therapist and a patient across a social synapse transmits messages, which results in a patient moving from a separateness of the self, to a membership with another. Cozolino describes how “Communication across the synapse changes the internal biochemistry of the cell, which in turn, activates mRNA (messenger ribonucleic acid, the material that translates protein into new brain structure) and protein synthesis to change cellular structure” (Cozolino, 2014, p. 5). Like Cozolino, Kandel (1998) and Behm (2012) demonstrate a new field of study by recognising how counselling can change behaviour long-term through gene expression, altering the strength of synaptic connections (Behm, 2012). Cozolino suggests that a client-therapist relationship can reshape our brains and that the power of being with others significantly affects us, positively or negatively at a neuron level. Put simply, “Our social interactions are a primary source of brain regulation, growth and health” (Cozolino, 2014, p. 8). Rogers also places importance on the need for such interactions, suggesting that as an individual “Becomes more fully himself, he will become more realistically socialized” (Rogers, 1961, p. 194).

Cozolino recognises in particular the value of Rogers' work. He states, "The warmth, acceptance and unconditional positive regard demonstrated by Carl Rogers' work embodies the broad, interpersonal environment for the initial growth of the brain and continued development in later life" (Cozolino, 2010, p. 30). He supports Rogers' ideas, reminding us that his theory (Rogers, 1961) is not outdated. Moreover, as neuroscience progresses and references are made to Rogers' work by those such as Cozolino, the person-centred approach will likely be given more attention. This will allow new and extended meanings to develop in modern day therapeutic relationships.

Like Bowlby (1969), Cozolino (2014) emphasises that we are mainly influenced by our primary care-givers and that with good parenting and good genetic programming the human brain can work well throughout life. However, with poor parenting and poor genetic programming, negative interpersonal experiences affect us in later life and are a reason that people enter into therapy. Cozolino describes how nature and nurture build the human brain via the genetic template and the transcription functions of human genes. He recognises that therapy is about bridging the gap, otherwise referred to as the "Social synapse" (Cozolino, 2014, p. 19), that is, the space between individuals. This bridging the gap is something that Rogers promoted, that is, the idea that if both counsellor and client are congruent, there should be a reduced gap and both should be on an equal footing (Rogers, 1957). Congruence is one way to achieve this.

Cozolino (2014) describes the benefits of therapy in assisting clients to alter memory, behaviour and feelings so that they can be healed by "Reconstructing a past that is simultaneously known and unremembered" (Cozolino, 2014, p. 130). He informs us that stimulating neurons helps existing neurons to grow, branch out and connect and, that these neurons have existing neural systems that connect with each other in new and creative ways in order to support mental health. It is through counselling that new neuro-pathways are engineered as individuals learn new ways of existing via the changed emotional experiences which alter gene expression in the brain (Yalom, 2009). Cozolino refers to the activation of the neuroplastic process, whereby unhealthy emotional conditions can become balanced. When Cozolino talks of the neuroplastic process, he appears to mirror Rogers' theory of the self-actualising tendency whereby, when the core conditions are applied to an incongruent individual, a more balanced feeling of wellness is achieved.

Cozolino stresses that it is the value of an intimate relationship between a counsellor and a client that "Reactivates attachment circuitry and makes it available to neuroplastic processes"

(Cozolino, 2014, p. 308). He describes the components in counselling that optimise neuroplasticity as being:

- A safe and trusting relationship with an attuned therapist.
- The maintenance of moderate levels of arousal.
- The activation of cognition and emotion.
- The co-construction of narratives that reflect a positive, optimistic self.

(Cozolino, 2014).

Cozolino views trust as an integral part in the therapeutic relationship, seeing it as the most important determinant of successful counselling in order to allow attachment and healing to occur. However, he suggests that without congruence and realness, trust is unlikely to occur as without trust, an intimate relationship is not possible. This position could be seen to contrast with that of Rogers, who refers to congruence as the most important condition for therapy. However, trust has been found to be important in the therapeutic relationship and it could be argued, that trust is a pre-condition of congruence (Peschken and Johnson, 1997). A reasonable position to adopt is the position that I have found in practice and which Lietaer (2012) also takes: that both congruence and trust are important in therapy.

Cozolino illustrates how moderate levels of arousal maximize the biochemical processes that drive protein synthesis which is needed to change neural structures (Cozolino, 2014). He illustrates how the activation of affective and cognitive circuits allows the frontal systems of the brain to re-associate and re-regulate the various neural circuits that organize thinking and feeling. The co-construction of new narratives paves the way for an evolving language, which can change a client's self-image, help regulation and serve as a gauge for more positive behaviour, thereby facilitating therapeutic change.

Cozolino (2014) describes how therapists' brains act as a template for the recovery of clients' brains. When a patient in an anxiety state shares difficult memories with a therapist, the impact of the healthy brain of the therapist on that of the client results in normalisation of the client's reactions and feelings; hence, reconstruction occurs. With the understanding that the counsellor is in a stable place, this meeting of minds allows a healthy attachment to be formed. In some cases this may be the first time an individual has experienced a healthy relationship opportunity.

As Landis suggests that genuine expressions can be sensed by others, Cozolino provides neuroscientific support for what Rogers' terms as congruence. Cozolino gives the example of individuals looking at pictures of expressive faces. He notes that our facial muscles respond to what we see. This process involves "Mirror and resonance circuits which combine with visual-spatial, cognitive and abstract networks, to allow us to place others in context as we try to get inside their head" (Cozolino, 2014, p. 203). Despite Cozolino not specifically using the term 'congruence' and having a perspective that is compatible with other approaches to counselling, which, include the need for the core conditions, he does refer to 'connection' and 'attunement'. He describes this more succinctly as 'empathic attunement', of which congruence is an ingredient of, and, which is optimal for neuroplasticity and brain regulation. Cozolino also refers to the "Visceral-emotional template of what the other is experiencing" (Cozolino, 2014, p. 202). This suggestion is significant as it can be understood to be linked to empathy, one of Roger's conditions. Cozolino regards empathic attunement as "Getting inside someone's head" (Cozolino, 2010, p. 203), and, illustrates that in order to have empathy, therapists need to maintain their own inner world as they try to listen to and understand the world of the client (Kohut, 1984). Moving between two heads, the client's and that of the counsellor, Cozolino suggests that by use of his or her own inner state, the counsellor generates hypotheses about the client's inner state. These hypotheses are in addition to other forms of communication (Cozolino, 2014).

Cozolino refers specifically to person-centred therapy, by questioning and offering an explanation of what might be going on in the brain of a client. He suggests, "In the Rogerian interpersonal context, a client would most likely experience the widest range of emotions within the ego scaffolding of an empathetic other. The activation of neural networks of emotion makes feeling and emotional memories available for reorganization. Roger's non-directive way of being activates clients' executive networks and their self-reflective abilities; supportive rephrasing and clarification of what clients say may also enhance executive functioning" (Cozolino, 2010, pp. 37-38). He goes on to say, "The simultaneous activation of cognition and emotion-enhanced perspective, and, the emotional regulation offered by the relationship, may provide an optimal environment for neural change" (Cozolino, 2010, pp. 37-38). This description by Cozolino can be likened to Rogers' more simple explanation: that by understanding behaviour and emotions in a therapeutic relationship, an individual can become more emotionally stable.

It is the empathic connection across the social synapse which is the core of how congruence works; on a relational level, a counsellor and client communicate with each-other; the

counsellor empathically listens to the client, understands their world and feeds back their comprehensions in response to the client. The counsellor aspires to convey sufficiently empathic expressive responses in order to show understanding rather than ambiguity (Rogers, 1961). The positive impact of the therapist's brain on that of the client allows regulation to occur. This highlights the importance of congruence and the process in which it happens, often as part of a difficult-to-separate meta-condition (Cornelius-White, 2007). In this intricate process, neurobiologically, we are largely unaware of these activities happening.

Behm, a psychotherapist looks at epigenetics, that is, 'beyond genetics' (Behm, 2012). Epigenetics studies the environment and its effects on emotions, physical and mental health (Yalom, 2009). Behm illustrates how the conditions for therapeutic change proposed by Rogers are also conditions that heal at the cellular level in our brains, hence alter our genes (Rossi, 2002). Neuroscientists, such as Cozolino, are also studying how counselling affects our physiology, hence our genes. This is important for therapy as it suggests that therapists have the power to change clients' brains at the cellular level, hence alter genes. This may appear be a large claim, however, it is one supported by authors such as Rossi (2002), Yalom (2009) and Behm (2012).

Neuroscientists are recognising how therapists and clients can profit from the comprehension of a "Brain-based understanding of human development, mental health and mental illness into whatever theoretical orientation they practise" (Cozolino, 2014, p. 309). Cozolino suggests that clients benefit from understanding the brain as this contributes to successful therapy. He refers to therapists as 'amygdala whisperers'; he explains how counsellors stimulate new neurons and help existing neurons to grow, branch out and connect and illustrates how in counselling, new neuro-pathways are created when clients learn new ways of being. Behm (2012) also reminds us how environmental factors can stimulate our genes and that healing thoughts when processed can clearly have a positive effect on us as they assist our feeling of well-being. Personal and professional experience has confirmed to me that Behm's standpoint is correct.

Cozolino and Behm believe that healing thoughts can assist genes in a positive way. However, to be effectively processed they must be in harmony with the subconscious mind, the role of a counsellor being beneficial in this. Cozolino (2010) reminds us that prolonged stress is linked to disease of the hippocampus. Moreover, it is when the hippocampus is damaged that depression and memory problems arise, resulting in less immune protections; psychotherapy is considered helpful in repairing this (Cozolino, 2010). Cozolino asserts that

“An intimate relationship with a therapist reactivates attachment circuitry and makes it available to neuroplastic processes” (Cozolino, 2014, p. 308). Hence, successful therapy via an intimate relationship allows unhelpful thought patterns to be changed and new thought patterns to be created. This ‘intimate relationship’ is akin to the ‘therapeutic alliance’, of which congruence is a part of.

Behm suggests that 95% of human structure disorders are due to factors related to the environment. She goes on to say that counsellors with a person-centred approach can provide an excellent therapeutic environment. This can assist clients to overcome environmental illnesses through gene expression, that is, the process by which information from a gene is used in the synthesis of a gene product, for example, proteins. Behm states with great force that person-centred counselling is “In the driver’s seat, as a hard science” (Behm, 2012, p. 7) as empathic counselling “Promotes neuroplasticity and genetic change” (Behm, 2012, p. 7). She highlights how therapists can work to alter genes and moreover, to support counselling as a “Whole health healing modality” (Behm, 2012, p. 7). Similar to Behm, Yalom refers to the learning that occurs in therapy, in particular the “Learning-induced neuroplasticity”, (Yalom, 2009, p. 278), the process whereby neurons are changed during successful absorption. As Behm and Yalom suggest, the ability of therapy to alter genes is more powerful than realised. Behm’s claims may appear to be overstated due to knowledge being primitive. However, it is evident that new knowledge gained in therapy can likely benefit a clients’ healing process by normalising the brain. Moreover, it is wise to acknowledge that when counselling addresses root issues in clients, and clients confirm an improved sense of well-being, biological changes are likely to have taken place.

A sound standpoint to adopt in relation to the various theories about what contributes to successful therapy appears to be one which recognises the importance in modern day therapy of a comprehension of a brain-based understanding of therapy. I value Behm’s explanations about neuroplasticity and genetic change, and I agree that the core conditions for therapeutic change may also be the conditions that heal at the cellular level of our brains (Rossi, 2002). Moreover, I acknowledge that environmental factors can provide healing thoughts with positive effects. However, professional experience has led me to be sceptical of the idea that such cellular explanation can be properly believed, that is, without the emotional change being a pre-condition of cellular change.

To summarise clearly how and why congruence is experienced as effective in therapy is a complicated phenomenon. In the counselling world, one school of thought suggests that

therapists understand it to be because of their way of being. However, when we comprehend the neuroscientific explanations such as those provided by Cozolino, we gain a deeper appreciation of the part that interpersonal neurobiology plays; this allows us to consider Rogers' concept of congruence in greater depth. The person-centred way of being remains a popular core model on counsellor training courses and it could be that in the future Cozolino's neuro-scientific theories are incorporated into more of these courses. Counselling modalities continue to thrive and many academics and researchers are willing to adapt and embrace advances in practice. Snygg and Combs (1949) and Rogers (1957) provide significant learning in relation to theories of personality and ways of being. Cozolino (2014) on the other hand, offers modern day knowledge at the cellular level; knowledge which, if offered to trainee counsellors and passed on to clients will likely benefit the therapeutic relationship.

2.7 Literature Related to Clients' Perceptions of Congruence

As this study is concerned with clients' perceptions of therapist congruence, it has been necessary to look at previous research concerned with the client group. Authors who have acknowledged the value of clients' opinions on congruence include: Patterson (1984) who contributed to reviews of counselling; Rennie (1990) who found that clients plan what they want from therapy and are active in how they think about, react to, and process their interactions; Mearns and Dryden (1990) who convey experiences of counselling in action; Lietaer (1993, 2001) who found that subjectivity and awareness are essential for understanding human beings; Greenberg et al., (1997) for process experiential understanding; Bozarth (1998) for clarifications of congruence; Grafanaki and McLeod (1995, 2002) who researched clients opinions of therapy and Wyatt (2001) who offers clarifications and developments of congruence. Comparatively little from the clients' perspective was explored by Rogers or later researchers such as Gelso and Carter (1994), Tudor and Worrall (1994) and Toukmanian and Hakim (2013), who, although they researched congruence, they did so from the counsellors' perspective. Knox and Cooper (2010) investigated qualities associated with relational depth from the clients' perspective; however, they used participants who were therapists or trainee therapists and are arguably biased due to their professional knowledge.

Gurman (1977) discovered a linear relationship between clients' perceptions of the core conditions and the therapeutic relationship and outcome. This finding contradicts Garfield and Bergin's findings (1971) and Grafanaki and McLeod's results (Grafanaki and McLeod, 2002), whereby the core conditions were not found to affect the therapeutic outcome.

However, there is support for Gurman's findings, as they echo Hill (1981) who found that congruence of both the client and the therapist is significantly related to outcome. Moreover, Orlinsky and Howard (1978) discovered that those who viewed their counsellors as encouraging independence had more favourable outcomes than those who perceived their therapists as authoritarian, the latter not being perceived as conducive to successful therapy.

Research by Truax et al., (1971), Smith-Hanen (1977), Hermansson et al., (1988) and Gallagher and Hargie (1992), confirm that clients' perceptions of their therapists are valuable indicators of what is helpful or otherwise. In a study that used primarily non-therapists, Garfield and Bergin (1971) found that none of the therapeutic conditions correlated significantly with a variety of therapeutic measures, questioning the generality of conditions for therapists of all modalities. However, Cummings et al., (1993) and Greenberg, Rice and Elliott (1997) prize the value of congruence, whilst Paulson et al., (1999) and Timulak (2010) note that it is client subjective experiences that provide helpful information about the counselling process. As Patterson (1984) notes, genuineness has been looked at by Mitchell et al., (1977), Lambert et al., (1978) and Truax and Mitchell (1991) who conclude that amongst other qualities of the therapist, "Therapeutic genuineness is incontrovertible" (Lambert et al., 1978, p. 11), that is, essential. As a practitioner, I have also found this to be an undisputable finding.

Although the above list may appear substantial, compared to the amount of literature on counsellors' perceptions of congruence, there is a lack of research which explores clients' viewpoints. Rogers' acknowledged that "The way in which the client perceives or experiences the interviews is a field of inquiry which is new and in which data is very limited" (Rogers 1951, p. 65). He expanded on this by stating that "It is an area which appears to have great future significance" (Rogers 1951, p. 65). However, in 2015 congruence is still a limited field of enquiry and despite the passing of sixty years, the gap in the literature to a degree has remained (Haugh 2012). This gap is inconsistent with the discipline of person-centred therapy which promotes the client as being the expert and knowing what is best (Rogers, 1963). This void could be due to a number of factors, for example: a lack of participant response to research; that the opinions of clients are not considered important; a belief that counsellors simply do not want to hear unwelcome perceptions of service-users; that clients will not offer useful information; that researchers are not interested in the opinions of service-users, or, it may be that service-providers are more accessible as demonstrated by Moerman (2012), who used a professional network to recruit participants. As counselling is an unregulated profession, not asking the opinions of clients

and not sharing professional information and knowledge with those outside the profession, may also be a way of professionals holding on to power (Foucault, 1969). Nonetheless, it has been recognised that a greater value of learning can be gained from clients than previously recognised (Maluccio, 1979). Moreover, McLeod's observation still stands a more than a decade later as he iterates, "Several studies have assessed the core conditions, but not from the perspective of the client" (McLeod 2003, p. 152). In short, the lack of research in relation to congruence from the clients' perspective may well be because of all of the above, and it is due to these reasons (and my interest in the topic) that I chose to carry out research on congruence using the client group.

2.8 Previous Doctoral Studies in the Field

Comparatively few counselling theses have attempted to explore the perceptions of service users. Those that have include Proud (2013). This study used grounded theory to look at young people's perceptions of therapy in schools in order to develop practice. A point of connection with this study and mine is that Proud also wanted to listen to participants' voices; a point of difference is the lack of empirical validity derived from the sample which was limited to those aged 13-14, which arguably compromises the fullness of description, depth and analysis of experience. A further limitation is that the study used selective sampling; participants were chosen based on their suitability for group work rather than as respondents. As a result, it could be argued that individuals more integral to the research question could have existed yet were not selected. Findings from the study include the experiencing of self-actualisation during group work and seeing the self as 'normal', likely because they were in a climate where Rogers' core conditions prevailed. However, due to the nature of the work investigated, participants also demonstrated worrying hyperactivity and behavioural issues. This could be seen as a further weakness to the study, affecting the recollection, quality and reliability of the data.

A Doctoral study which looked specifically at incongruence is that of Wiequand (2010). The research investigated psychodynamic counsellors' experiences of perceiving client incongruence. Three interviews were transcribed and analysed using transcendental phenomenological methods. What was found was that when a counsellor perceived her client to feel something different to what they expressed or acknowledged their opinions led them to look for the expected emotion or reaction (Landis, 1924). A point of difference to my study is that Wiequand's research focused on practitioners rather than clients. Wiequand's study is not generalizable due to the inclusion of only one school of counselling. Furthermore, due to

the subject matter of the research, participant subjectivity and error is also a possibility; though counsellors may have believed to have perceived incongruence, this could be an incorrect assumption, thus challenging the internal validity of the study.

Toescu (2011) carried out a PhD study that explored the concept of personal resonance in the context of person-centred therapy, and, the impact within the therapeutic relationship. Semi-structured interviews and interpretative phenomenological analysis (IPA) were used. Five themes and 23 sub-themes emerged including the finding that self-acceptance is important for therapists to use their personal resonance as a component of congruence. However, this study was limited to the perceptions of service-providers, thus it does not go any way to narrowing the gap in the literature in relation to the need for research on clients' perceptions (Haugh, 2012).

Other doctorates that have explored opinions of service providers include a thesis by Ballinger (2012). This study also employed IPA to understand the experiences of British counsellor trainers across four therapeutic models - a point of connection to my study which employed participants who experienced three therapeutic models. However, Ballinger conducted just one interview with each trainer, reducing the possibility for richer data or participant verification, and, an ambitious 16 case studies, resulting in a loss of analytical depth. If fewer case studies had been carried out, this would likely have resulted in more analytical depth to the research (Smith et al., 2009). Unlike counsellor qualities or ways of being (Rogers, 1951) the findings from Ballinger's study cannot be afforded the label of 'generalizable' as the area concerned is complex, multi-faceted and individualistic; thus, external validity is significantly reduced.

Moerman (2011) carried out a PhD study exploring the impact personally and professionally on person-centred counsellors working with suicidal clients. Similar to Wiequand (2010) and Toescu (2011), Moerman's sample was limited to one therapeutic orientation and explored the views of the service provider instead of the service user. Furthermore, despite producing interesting results, Ballinger (2012) and Moerman (2011) both encourage a continuing imbalance of power between the voice of the service user and the voice of the service provider through the sole recruitment of provider experience (Foucault, 1969). In addition, both studies recruited participants through familiar individuals, for example through professional or social networks. This can be problematic leading to limitations which include: the potential for bias; a lack of participant independence due to participants being known to

the researcher, and, the possibility that participants did not verbalise responses fully due to familiarity with the researcher.

To summarise, there are various doctoral studies in the field of counselling. However, comparatively few relate to congruence. Furthermore, even fewer utilise the opinions of service users, resulting in a significant gap in the literature (Haugh, 2012). The reasons for this may be as a result of incorrect assumptions, such as the belief that users opinions are unimportant, or, that they are unwilling to take part in research. However, what is true is that the experiences of clients are essential in order to improve practice and user experience for those that follow. It has been many years since the introduction of Rogers' ideas and the scarceness in Doctoal research on clients' perceptions of counsellor congruence is arguably concerning for its development. What is recognised here is that the production of such information is long since required.

2.9 Three Studies: Grafanaki and McLeod (1995, 2002) and Wong and Ng (2008)

In the pages that follow, I have carried out an in-depth analysis of three studies that were influential to me when I first embarked on this research project: Grafanaki and McLeod (1995, 2002) and Wong and Ng (2008).

The first study is by Grafanaki and McLeod (1995), entitled, 'Client and counsellor narrative accounts of congruence during the most helpful and hindering events of an initial counselling session'. This research used Brief Structured Recall Interviews (BSRI) whereby video-tapes after therapy sessions revealed that during hindering events both the client (a 26 year-old Asian male student) and the counsellor (a 36 year old Asian male) were incongruent due to a mismatch between feeling and verbal/non-verbal expressions. During the helpful events, both participants were congruent. However, despite this study having the likely intention of having an intense focus using just two individuals of the same sex, ethnicity and religion and incorporating a qualitative questionnaire, having no follow-up or data-checking sessions means that the study was fraught with limitations such as: a lesser internal validity; no opportunity for participants to check or participate in the data analysis process; no opportunity to test for additional data and no opportunity to test the internal validity of the data collected.

The second study is also by Grafanaki and McLeod (2002), entitled, 'Experiential Congruence: a qualitative analysis of client and counsellor narrative accounts of significant

events in time-limited therapy’. This study critically considered client and counsellor accounts of moments of congruence and incongruence from six cases of experiential counselling. The research incorporated elements of a grounded theory approach, one originally considered for my project. Participants were asked to share the most helpful and the most hindering events of therapy during three semi-structured interviews that were recorded, transcribed and analysed. The research used Grafanaki’s own analysis system which is arguably problematic as it subjects the study to criticisms of bias due to researcher subjectivity. The lack of an independent data-checker to verify both the analysis and its system also allows for criticism regarding the study’s validity, which again is problematic if a researcher is unaware of biases that can influence research codes. In my study, in order to reduce researcher subjectivity, an independent verifier was used to check the data. Participants experienced congruence in various ways, indicating that the construct does not refer to a unitary phenomenon and that there is more than one way for a counsellor to show congruence. Interestingly, Grafanaki and McLeod found that congruence was experienced as both intra-psychic and relational however, the core conditions did not affect the counsellor-client relationship. This challenges Rogers’ proposition that a lack of congruence is destructive to a relationship and contradicts findings by Gurman (1977), Hill (1981) and Wong and Ng (2008). This also contradicts tacit knowledge gained from my personal and professional experience, which supports the suggestion that there is a relationship between congruence and a successful outcome. It is reasonable to suggest, that if I did not convey congruence my client results would not be as successful.

At face-value, this second study by Grafanaki and McLeod appears to possess more validity and reliability due to the larger number of interviews and participants. Moreover, it could be suggested that given its increased reliability, the results from their previous study lacked internal validity. Grafanaki and McLeod note Rogers’ lack of emphasis on the client’s role in therapy and their own “Contribution to therapeutic change” (Grafanaki and McLeod, 2002, p. 30). However, regardless of this acknowledgement and recognising statements by Kiesler et al., (1967), it is questionable whether Grafanaki and McLeod’s research gives sufficient emphasis to clients’ viewpoints. The study could be seen to lack the opportunity for clients to comment on the counselling process and decide the way in which the therapeutic plan is construed (Rennie, 1994c). Concentrating research more on the counsellor as opposed to the client mirrors the work of Rogers who, although he deemed it important to consider the effects of both counsellor and client in terms of congruence, his published works focus heavily on the experiences of the therapist. With this in mind, counselling can be understood to be a form of applied phenomenology (Cooper, 2007), the focus being on specific

experiences of individuals. In my study, I gave service-users the opportunity to speak about their experiences by tailoring the research so that the voice of the client could be heard (Maluccio, 1979).

A third study which influenced my research is a survey carried out by Wong and Ng, ‘A qualitative and quantitative study of psychotherapists’ congruence in Singapore’ (2008). This study had the goal of determining levels of congruence displayed by psychotherapists. The authors were of Singaporean Chinese origin and attended Satir-training workshops (Satir, 2006). Satir believes that congruence contains: experience; awareness and acceptance of the intra-psychic or intrapersonal; the interpersonal and the universal-spiritual or transpersonal modalities of the person, and, places a large emphasis on the need to be genuine (Satir, 2000). The study used 14 research participants from the helping professions. Wong and Ng grouped and clustered meaning units under an individual theme, leading to a phenomenological reduction in the form of a textural description of the experience of congruence. They refer to Strauss and Corbin (2008), who place particular emphasis on theoretical sensitivity and used the Stevick-Colaizzi-Keen method of data analysis (Stevick, 1971; Colaizzi, 1973; Keen, 1975; Creswell, 2012). Transcripts and thematic analyses were sent to participants who were invited to check for any amendments, therefore increasing the study’s reliability. Investigator triangulation via a therapist not involved in the research was also carried out. The major finding identified the ‘essence’ of congruence as: awareness; self-acceptance; self-appreciation; inner self connection; spiritual connections; positive outlook and perception of life; health boundaries and closeness in interpersonal relationships. Congruence was related to life satisfaction however for some participants intra-psychic and interpersonal congruence experiences did not necessarily lead to the experiencing of universal-spiritual congruence. Ways to cultivate deeper congruence were recommended to include: meditation; reflection and self-care. Congruence, described by Wong and Ng as a ‘lived experience’ occurring through connections with clients through trust and safety, had several components including: awareness; self-acceptance; self-appreciation; connection to the inner-self; healthy boundaries and closeness in interpersonal relationships. Using all Singaporean Chinese participants provides an interesting insight into congruence in the Far East however this limits the external population validity. Notwithstanding, these findings are similar to those of Rogers, who conducted studies 50 years earlier as they imply that although there may be cultural differences in the way that congruence is expressed, its definition remains similar. This suggests that there is a similar theme within congruence, despite differences in upbringing and individuals’ phenomenological fields; moreover, it implies that congruence is not solely a White Western concept (Hett, 2014).

Of the three studies, Wong and Ng (2008) appear to have carried out the most empirically rigorous. They used three scales to provide methodological triangulation, namely: the Congruence Scale (Lee, 2002b); the Rosenberg Self-Esteem Scale – RSES (Rosenberg, 1965) and, the Satisfaction with Life Scale – SWLS (Diener et al., 1985). This allowed the researchers to increase the internal validity, accuracy and reliability of their results. The use of thematic analysis ensured that there was not only a numerical correctness to their data, but that it afforded a counselling perspective via the analysis of words, feelings and view-points of both client and counsellor participants. Grafanaki and McLeod (2002) adopted a cluster approach in favour of the more scientific-scale, compensating for a lack of numerical data with qualitative analysis. This classified what is congruent or incongruent then classified background emotions such as empathy and boredom in order to alleviate error. Wong and Ng (2008) go part way to avoiding subjectivity in thematic analysis, by incorporating a variety of measuring scales in order to reduce subjectivity and bias; moreover, the scales were independent and not the researchers' own.

What is interesting from the three studies is that participants focused on terms such as 'honesty, realness, authenticity' and 'openness', that is terms central to Rogers' definition of congruence (Rogers, 1961). The use of interviews is a common factor. This tool affords first-person view-points and is one which Gadamer (1900-2002), a German philosopher, believed to be 'a significant category' for philosophical output (Gadamer, 2001). Gadamer suggests that truth and method is a description of what we believe when we interpret things, even though we may not be aware. All three studies used audio and video recording equipment which allowed the researchers to analyse factors such as intonation and body language, hence, the opportunity to capture both verbal and non-verbal responses. A common factor is that all involved a small number of participants and lacked multi-cultural empirical evidence (Cheung and Chan, 2002). A differentiating factor is that all used different participant combinations with methodological variations which made comparing the studies complex. As therapists possess individual subjective levels of the core conditions, in order to directly compare the studies (or any others in this area), it would be necessary to evaluate counsellors' subjective theories on congruence and/or for Rogers' approach to be practiced in exactly the same way by each participant counsellor. This links to previous references in relation to the difficulties in observing and measuring congruence (Cornelius-White 2007, Haugh 2012).

To clarify, this section focused on three main pieces of research: Grafanaki and McLeod (1995, 2002) and Wong and Ng (2008). The most influential of these studies for me was that carried out by Wong and Ng (2008), however all three provided me with helpful starting

points. For example, from the studies, I chose to carry out my research with the following in mind: to focus solely on clients perspectives and experiences; to use interviews; to use thematic analysis and to carry out a follow-up session and to use an independent data checker. With hindsight, other preferable and additional choices could have been made. These are explored more fully in Chapter Six (conclusion).

2.10 Summary of Previous Research on Congruence

In summary, it has been many years since the introduction of Rogers' ideas and they have been both accepted and criticised. It is perhaps the uniqueness of the approach which first sparked interest and helped it to gain acceptance. Rogers' theory revolutionised therapy by suggesting that there may be more than one cause to a person's problems, therefore more than one method of resolving them. This way of being was different to that of his predecessors as it was humanistic in nature. Rogers wanted to look beyond the surface of the relationship and instead into the components necessary for relational depth. This radical directional change from traditionalist to modernist, suggests that Rogers wanted to revolutionise the perception of counselling. He wished to personalise the experience of therapy, rather than adopt a one-size-fits-all-style, allowing for a greater level of individuality in the therapeutic relationship. This level, involving empathic understanding, unconditional positive regard and congruence, produced a successful combination and one which Rogers hoped might inspire researchers to test its validity (Rogers, 1961).

There are a variety of views on the definition of 'congruence'. The most obvious explanation for the contrast is likely to be the difference between Rogers' early writings and those for example, of Lietaer (2012). Rogers' perspective is that congruence is a 'genuineness, honesty, realness, authenticity and openness' (Rogers, 1961), a definition borne from views of those who include Snygg and Combs (1949). Gendlin (1996), Bozarth (1998), Yalom (2005), Brodley (2012) and Wyatt (2012) all incorporate Rogers' views. Lietaer in particular holds a wider perspective of congruence, suggesting that 'genuineness' has two sides: an inner side (congruence) and an outer side (transparency). Lietaer believes that it is a combination of the two, which result in 'congruence' (Lietaer, 2002). He believes that congruence requires a personal maturity in addition to basic clinical aptitudes and advocates (where appropriate), 'transparency' in the form of self-disclosure (Hill and Knox, 2002). Lietaer proposes a more active form of congruence and is in favour of 'disciplined spontaneity', whereas Rogers proposes communicating feelings which are persistent rather than spontaneous. Lietaer also suggests that the therapist start from his or her own frame of

reference when appropriate, and advocates therapist self-expressive responses (Lietaer, 2002). These areas of difference between Rogers and Lietaer are largely around activity, with more effort encouraged by Lietaer in order to foster the ability to ‘connect’ with clients.

Current thinking in relation to congruence could therefore incorporate the above views and those of others. However, it is unlikely that clients entering into therapy are aware of how congruence works and furthermore are less likely to be familiar with research into how it can positively affect the brain. It is reasonable to suggest that there are many criticisms of Rogers’ theories and there have been several developments since his time. These developments include ideas generated from other research, neuroscience and epigenetics. Arguably, Rogers’ explanations of congruence are at times unclear (Wyatt, 2012) hence the attempts by authors such as Lietaer to clarify the confusion. Notwithstanding, what can be agreed on is the evidence that congruence is a valuable, multi-faceted and sophisticated concept that can be defined and explained using a variety of terms (Wyatt, 2001).

Whilst there is a considerable body of empirical work on congruence, there is relatively little which allows the voice of the service-user to be heard; moreover, work that has been carried out can be contradictory. Looking at the three main studies which I chose to focus on (Grafanaki and McLeod 1995, 2002 and Wong and Ng 2008), it is clear that they provide different results leaving questions regarding what is best practice unanswered. Although Grafanaki and McLeod (1995) firstly reported congruence in the most helpful events of counselling and incongruence in the most unhelpful, they later state that was no linear relationship between congruence and a successful therapeutic outcome (Grafanaki and McLeod, 2002). This could pose questions regarding the validity of Roger’s theory (Rogers, 1961) and Grafanaki and McLeod’s earlier research (1995), the latter suggesting that the presence of congruence is the difference between a helpful and hindering experience in counselling. However, Grafanaki and McLeod’s inconsistency in results raises questions about the reliability of their studies. For example, it is unclear whether during the hindering event the client felt accepted or understood, posing the question whether or not a lack of congruence affected the outcome (Grafanaki and McLeod, 1995). Another issue is that the study by Wong and Ng (2008) did not attempt to look at the relationship between congruence and outcome of therapy but on factors needed for congruence to occur; again, this poses a problem regarding best practice. The inconsistencies in these studies highlight, as Rogers acknowledged, that congruence is a difficult concept to measure. He described it as something which “Is not easily defined in operational terms” (Rogers, 1961, p. 342), which could suggest that it is easier to *be* congruent than explain it. At first, congruence can appear

a relatively simple concept to grasp. However, it is not necessarily easy to realise and, if it is achieved, it can be difficult, if not humanely impossible to maintain (Brazier, 2001). Rogers recognised that individuals differ in their degree of congruence at various moments. This is a finding supported by studies such as Grafanaki and McLeod (2002) where in sessions of psychotherapy both counsellors and clients were found to be congruent and incongruent at various times

The nature of congruence is problematic and difficult to operationalise for the purposes of empirical studies. It is fraught with counsellor and client subjectivity and definitions of the concept vary. Challenges to studying congruence include: comprehending; facilitating; developing and measuring the concept and are noted by Cornelius-White (2007) in addition to Caffrey et al., who describe congruence as “The most tricky of skills” (Caffrey et al., 2014, pp. 30-33). Explanatory challenges are also noted by Bozarth (1998) and Wyatt (2001). Seeman attempts to justify the difficulty of defining congruence, which he suggests consists of: biochemical; physiological; perceptual; precognitive; cognitive; interpersonal and ecological levels and processes, linked via connection and communication (Seeman, 2001). Schmid also recognises the complex structure of congruence which involves understanding from: social; political; scientific; psychological; philosophical and religious fields (Schmid, 2013). Wyatt too identifies that congruence is “Multi-faceted in nature” (Wyatt, 2001, p. 79) and is composed of many variants such as: trust; contact and client perception. Lietaer also illustrates how congruence is “Liable to misunderstanding” (Lietaer, 2012, p. 36) and Brodley refers to the different versions that provide rationales for “Different interpretations and applications of the concept” (Brodley, 2012, p. 55). It is a reasonable position to adopt therefore, that the definition of congruence referred to by Rogers increases the explanatory difficulties, whilst the perceptual difficulties and multi-faceted nature of congruence referred to by Wyatt (2001) and Seeman (2001) are heightened by the unavoidable subjectivity of individuals’ perceptions.

There is a further consideration which could account for the lack of studies that focus on clients’ perceptions of congruence. Over recent years major developments have taken place in therapy. These developments include: classical; dialogical and pre-therapy which also ‘cross-fertilize’ with related orientations such as existential and experiential forms of therapy. The person-centred approach is becoming more empirically supported and many other forms of therapy are now realising the importance of a focus on the relationship (Cooper et al., 2013). Alongside this, there are many approaches and practices in respect of counselling, and it is difficult to imagine any way where, for example, client empathy plays no part. However,

whilst other therapies may incorporate the use of congruence, practitioners from other approaches may not see it as central, hence, they are less inclined to research the concept.

Difficulties and considerations have contributed to gaps, assumptions and limitations in the literature. This said, many therapists are not familiar with research itself and moreover, have little interest in empirical research findings in counselling (Boisvert and Faust, 2006). For example, in a study of American psychotherapists, only 4% rated research literature as the most useful source of information on how to practice. However, 48% rated on-going experiences with clients as useful (Morrow-Bradley and Elliott, 1986). Eraut (1994) talks about the ‘leading edge’ professional, recognising the way in which practice knowledge is shaped by practitioners and illustrates how this knowledge is considerably under-represented in the literature. In relation to research on congruence, it seems reasonable to suggest that there are gaps, assumptions, limitations, a lack of interest or an unwillingness to embark on studies which involve this “Attitude, state of being, way of living” (Wyatt, 2012, p. ii). Even if research is carried out, if findings are not disseminated in the most appropriate way or received with interest, practice may be unchanged. However, as Cooper notes, to base counselling practice totally on empirical research findings, excluding other factors, such as the expressed preference of the client, would be “Profoundly unethical” (Cooper, 2008, p. 4). Another example of why research on congruence has not received the interest it deserves is as Cooper further points out: findings from counselling research can only predict what is most likely to happen in the future and cannot proffer certainties. In terms of reliability, the impossibility of re-creating the exact conditions of a study is not conceivable. Furthermore, as a result of the obstacles encountered during empirical research and threats to internal and external validity, it is Rogers who remains the primary influence in relation to congruence.

In short, there are issues in primary and secondary literature that have led to difficulties in defining congruence (Haugh, 2012), and, in understanding its complex structure (Schmid, 2013). A heavier focus on therapists’ opinions has resulted in gaps, as there is substantially less information on clients’ viewpoints. This has led to assumptions being made, for example, that congruence is what counsellors say it is. Moreover, it has led to limitations, as the majority of researchers have not taken the opportunity to enquire of the client population about therapist congruence. This has resulted in an overall shortage of information on service-users’ opinions, giving rise to questions such as, ‘What are clients’ perspectives and experiences of congruence?’ This led to my decision to research congruence using the chosen population and methodology.

What follows in Chapter Three is the methodology and method of this study.

Chapter Three

Methodology and Method

This chapter clarifies the nature of knowledge, my understanding of congruence and where I sit as a practitioner-researcher. It lists prior considerations relational to the methodology, method and the use of scales. It clarifies the chosen methodology and method, lists the 21 interview questions and illustrates how ethics were considered. The research schedule can be found in Appendix p.

3.1 The Nature of Knowledge and My Understanding of Congruence: Where I Sit as a Practitioner-Researcher

From a personal and professional perspective, the philosophical route of how my understanding of congruence has developed has been influenced by: experiences in therapy; early understandings in training; a growing self-awareness and knowledge from researching the topic. As a researcher, in order for me to be open to understanding the perspectives and experiences of others, it has been important for me to examine my own beliefs, values and opinions in relation to congruence. This way of being is fitting with the person-centred approach which encourages therapists to be self-aware prior to engaging with clients.

Throughout this study, I have aimed to develop my ontological perspective - my philosophical assumptions about the nature of reality, and, my epistemological perspective - what I understand about the nature of knowledge. Marsh and Furlong (2002) refer to ontological and epistemological positions, stating, “They are like a skin not a sweater; they cannot be put on or taken off whenever the researcher sees fit” (Marsh and Furlong, 2002, p. 17). Similar to the Austrian social scientist, Schutz (1899-1959), I have a relativist ontological perspective of which the focus of this research on congruence is an accurate yet unrealised depiction of. My many years as a therapist have taught me that there are several viewpoints which can be adopted in relation to truth and what is seen as ‘reality’. What is labelled as truth can vary given different people, timescales, and situations. In many situations, the labelling of a notion as ‘fact’ depends on the viewpoint of the observer, for example, the value of Rogers’ definition of congruence by participants. My personal position is that the notion of ‘truth’ is a powerful tool that can be observed by gathering, recording and analysing a consensus of viewpoints, hence, my ontological and epistemological perspectives correspond.

My view of logic and phenomenological perspective are also interlinked with my epistemological perspective which influenced many stages of this project. Firstly, my relativist ontological perspective influenced my choice of research topic. This is because I hold a belief that there is not one single ‘truth’, hence, I wanted to discover the truths about congruence from a number of individuals. Secondly, as Baldwin (2006) notes, relationships are fundamental to creating reality, hence I wanted to explore participants’ realities of the therapeutic relationship. Thirdly, the use of interviews allowed me to gain an in-depth sight into the field of congruence in order to best understand it; and, finally, my position as a relativist, my experience as a therapist and my desire to listen to participants, naturally led me to choose qualitative research methods. However, it is acknowledged that this study may lack the positivist strengths of increased reliability and generalizability.

Linked to my epistemological and ontological notions of truth, my personal position is characterised by a self-reflective, self-reflexive and self-referential quality developed over years of counselling practice and largely influenced by Rogers’ humanistic approach to counselling (Hoffman, 2004). I wanted to listen to participants of both genders (Marsh and Furlong, 2002). Carrying out deductive reasoning in order to form categories, patterns and themes from participants’ experiences, manifested in the use of thematic analysis in order to best empower and provide a research-informed understanding of congruence.

As an independent practitioner, the position I adopt is that Rogers’ classical approach to therapy works. However, it may be that the core conditions are not always sufficient. In relation to how and why congruence works, professional learning has taught me that this relates to the importance of the core conditions. When congruence is accompanied by unconditional positive regard and empathy, this allows the sharing and connecting of a healthy brain to impact on a not-so-healthy brain, thereby changing a state of non-acceptance and confusion to acceptance and understanding. Experiencing congruence from a therapist leads to positive growth and change and moreover, in turn, allows a client to be more congruent (Rogers, 1957). This is my personal and professional experience and is shared by Etherington (2004).

Experience has taught me that there is more benefit for clients by working with a therapist who uses a process-experiential approach, that is, one that suggests methods to assist. However, Peel and Richards note that the emphasis in experiential traditions is on using process reflection to facilitate clients’ awareness of what is happening and how they are responding, in addition to empathic reflections (Richards and Peel, 2005). It is sensible to

recognise the value in the use of specific techniques to assist organismic experiencing, of which teaching a client to become attuned to his or her congruent or ‘actual self’ is a part (Gillon 2012). Within my therapeutic work, I incorporate exploratory questions, empathic guesses and experiential responses in order to facilitate and educate.

My approach is consistent with that of Lietaer (2012) who has a wider definition of congruence than Rogers (1961). Lietaer suggests that congruence is when individuals’ inner feelings and outer expressions are consistent (Gillon, 2007). Lietaer talks of congruence being a sophisticated concept and the upper limit of the capacity for empathy. He also proposes a more active form of congruence, suggesting that it is an egoless state whereby therapists need to be as steady as a rock (Lietaer, 2001). Similar to Gendlin (1997), Lietaer advocates an experiential form of therapy, believing in the significance of variety, disciplined spontaneity and the importance of how a therapist facilitates self-exploration in a client (Lietaer, 2012). This approach is a contrast to the classical approach of Rogers which is not as flexible.

Although not in totality, philosophically I am in agreement with some of the ideas of the French philosopher, Paul-Michel Foucault (1926-1984). Foucault was influenced by Georges Bataille (1897-1962) and Maurice Blanchot (1902-2003). Foucault’s theories focused on the relationship between knowledge and power and how they are adopted as a form of social control (Foucault, 1969). Foucault was associated with the structuralist and post-structuralist movements however he considered his position as a critical historian of modernity. For Foucault, the key to knowing was the idea, the mental representation. In addition, he believed that language could have no main role in knowledge and that it is an instrument of thought or a representation of ideas. Foucault believed that ‘power is everywhere’, diffused and embodied in discourse, knowledge and regimes of truth (Foucault, 1991).

Foucault looked at the way in which social relations are formed and uses the terms ‘power’ and ‘knowledge’ to signify that power is constituted through accepted forms of knowledge, scientific understanding and ‘truth’. He believed that “Truth is a thing of this world: it is produced only by virtue of multiple forms of constraint; and, it induces regular effects of power” (Foucault, in Rabinow 1991). This relationship and perspective on power can be likened to some extent to those of the counselling and research settings. Foucault believed that each society has its regime of truth, its ‘general politics’ of truth which include: the types of discourse which it accepts and makes function as true; the mechanisms and instances which enable one to distinguish true and false statements; the means by which each is

sanctioned; the techniques and procedures in the acquisition of truth and the status of those who are charged with saying what counts as true (Foucault, in Rabinow 1991).

Previous literature has focussed heavily on the perspectives of therapists and adopted them as the point of reference in research. The opinions of therapists have become widespread throughout counselling studies, resulting in a gap in the literature in relation to clients' perceptions. This prizing of therapists' perceptions, through Foucault's ideas could be seen to unwittingly reinforce and legitimise the therapist as a superior person in the counselling relationship. This way of seeing suggests that the client is a residual individual to whom something is done to rather than someone who is empowered to control their own therapy, (hence my decision to contribute to the equalisation of power by providing the opportunity for clients to have their voices heard). These ideas and the prizing of the therapist are contrary to literature which indicates that clients are in fact the better predictors of the successfulness of counselling (Caskey et al., 1984). This research gave the opportunity for participants to consider their truths about congruence and voice their own discourse to illustrate if or how they perceived congruence from their therapists. As a researcher, mirroring Foucault's belief in the Pythian imperative, 'gnothi seauton' that is, 'know thyself', my own interests and focus on individuals' truths is likened to his ontology and epistemology of ethics. This is the position I adopt as a researcher.

With the above in mind, I am in agreement with Foucault, that knowledge is power (which is everywhere) and that discovering truths are important. Counselling practice has largely been informed by the opinions of service providers hence this is something that this study is designed to address, that is, the lack of opportunity for clients to be empowered by having their truths heard. For this study, as Foucault referred to language being an instrument, I have attempted to listen to each soloist (each participant), note their tune, allowing the sextet (the six participants) to be heard.

3.2 Prior Considerations Relating to the Methodology and the Method

The four aims restated here are:

1. To critically consider the concept of congruence from the clients' perspective.
2. To determine whether or not clients experienced congruence from their therapists.
3. To contribute to the debate about Rogers' definition of congruence.

4. To offer a research informed perspective, relevant to a range of therapeutic interventions, of the nature and function of congruence in the counsellor-client relationship.

Before deciding on a suitable methodology for this project, a number of considerations were rejected. The first consideration was to use auto-ethnography, a form of autobiographical personal narrative (Etherington, 2004) to critically consider my own clients' experiences of congruence. However, after reading a study by Paulson et al., (1999), this method appeared unrealistic in relation to time-scale and would have been unreliable in terms of validity. Factors in relation to ethics also raised slight concerns.

Positivist paradigms (incorporating quantitative data) were considered, such as the use of surveys, observations and experiments, in which relationships between a dependent and an independent variable are sought (McLeod, 2003). However, these methods were not considered suitable due to the sensitive nature of participants' reporting on their therapy and the need to focus on language in order to critically consider congruence. These methods would also have required more focus on the process of therapy, rather than participant's feelings and viewpoints. Moreover, due to my own ontological perspective, I did not deem them appropriate in order to best uncover truths about congruence. In addition, probability and random sampling were briefly considered, however they were rejected as a specific group was needed (McLeod, 2003), that is, individuals who had participated in therapy with a qualified therapist, at least two months yet no more than six months prior to a research interview taking place.

I considered using the BLRI (Barrett-Lennard Relationship Inventory, 1964) because Rogers had successfully used the Q Technique (Stephenson, 1936), a form of factor analysis which looks for correlations between subjects across a sample of variables. The Q Technique has been used in the social sciences to study people's subjectivity; statements that have emerged from the Technique include, "Therapist is sympathetic with patient" (Rogers, 1951, p. 53) to describe the therapeutic relationship. I wanted to capture individual, authentic participant responses and remain true to my personal perspective, however I decided against using this method; notwithstanding, it is recognised that this was an option.

Consideration was also given to using methods such as telephone and on-line interviews. Initially, the former were considered as the only source of collecting data. However, using telephone interviews alone could have been perceived as being a limitation to the research

due to an overall lack of ‘presence’ and opportunity to sense non-verbal gestures and body language of participants (McLeod, 2003).

Other qualitative analytical methods were considered for this study, for example, conversational analysis (CA). This is an approach which includes both verbal and non-verbal conduct in social situations. Developed by Sacks et al., (1974) to study casual conversation, CA is used in sociology, anthropology, psychology and more specifically the therapeutic relationship. A unique feature of CA is highlighted by Ten Have who states, “Conversational analysis refuses to use theories of human conduct to ground or organise its arguments, or even to construct a theory of its own” (Ten Have, 1999, p. 42). For my study, I was concerned that the strict method in which CA is applied may have meant a loss of individuality in participants’ responses, hence, the option to use it was rejected.

Interpretive Phenomenological Analysis (IPA) used by theorists including Smith et al., (2009) and Toescu (2011) was also considered for this project. This qualitative approach offers insights into how people in any given context make sense of an important life event, or, the development of an important relationship, for example, congruence in therapy. IPA is usually carried out with no more than 15 people (Read et al., 2005) and looks at the phenomenology - the study of experience, hermeneutics and the theory of interpretation, and, the ideography - concerning the particular (Smith et al., 2009). IPA is distinct because it combines psychological, interpretive and individualist components; however, it shares similarities with thematic analysis because after transcribing the data, it is then coded and put into themes which are then grouped together under a broader category. However, in IPA, less emphasis is placed on the relationship between the variables. I wanted to report the words of participants and convey the themes and the relationships as clearly as possible; hence, I did not choose to use IPA.

3.3 The Use of Scales to Measure Congruence

Congruence is a difficult concept to measure (Corenlius-White, 2007); however, this has not prevented researchers attempting to do so by the use of scales. The probable rationale for this is the likely belief that if it can be measured, it becomes possible to know under what circumstances it may be improved, or, whether there are strategies that counsellors can engage in to maximise it.

Various rating scales have been used to measure congruence. These include: Barrett-Lennard Relationship Inventory – BLRI (Barrett-Lennard, 1964) - primarily used to assess client's perceptions of their therapist's congruence and is the most frequently used; Working Alliance Inventory - WAI (Horvath and Greenberg, 1989) - used to rate the therapist-client bond and their level of agreement on the tasks and goals of psychotherapy; Real Relationship Inventory – RRI (Kelley et al., 1996) and Truax's Five Point Tentative Scale (Truax, 1962). Other scales include Social Desirability Scale – SDS (Sheenan, 1960); Truax and Carkhuff Scale (Truax and Carkhuff, 1967); Self-Monitoring Scale – SMS (Snyder, 1974); Self-Consciousness Scale – SCS (Fenigstein, 1975); Comprehensive Scale of Psychotherapy Session Constructs-Revised - CSPCS (Eugster and Wampold, 1996) and the Observing Ego Functions Scale – OEFS (Clarke, 1996) which Hampson (2008) used to conduct research on various aspects of therapy, demonstrating that clients find the actual experience of therapy helpful. The uses of some of these scales are outlined further briefly:

The BLRI Form OS-64 (Barrett-Lennard, 1973) and originally considered for this study, was developed based on Rogers' theory of therapist conditions which facilitate positive change (Rogers, 1957). It is a 64-item self-report instrument, a revised version of the original 85-item tool (Barrett-Lennard, 1962). It is rigorous in its assessment criteria, incorporating a 64-item measure and four relationship variables, which include: the level of regard; empathic understanding; congruence and un-conditionality of regard. Barrett-Lennard (1986) found that the congruence subscale is highly correlated with the Empathic Understanding subscale (.85) and is also moderately correlated with the Level of Regard subscale (.65).

The five-point Tentative Scale (Truax, 1962) is also used to measure therapist genuineness or self-congruence. This scale was used by Garfield and Bergin (1971) to measure the applicability of the core conditions to other models of therapy. Garfield and Bergin found that genuineness negatively correlated with empathic understanding (-.66) and warmth (-.75). In addition, they found that empathy, warmth and genuineness were not necessarily therapeutic. This is an opposite finding to studies carried out by Mitchell et al., (1977), Lambert et al., (1978) and Truax and Mitchell (1991), who all found that genuineness is a prime ingredient in therapy. Garfield and Bergin's findings are surprising as overall genuineness is considered a prime ingredient in therapy; moreover, as they contradict previous literature, it could be that they are a result of an anomaly. Notwithstanding, comparing a quality with another quality will have an effect on the perceived importance of each.

To conclude, several scales have been devised and used in studies which investigate congruence. A reasonable standpoint to adopt is that any device used in research which can increase reliability is a useful tool. Moreover, not employing the use of a scale has been recognised as a methodological weakness of this research.

3.4 The Chosen Methodology and Method for this Research

Several methodological approaches were considered for this study; however, in order to address the research aims, the approach chosen was: a small scale qualitative enquiry, using an interpretive perspective and a semi-structured interview schedule with face-to-face and telephone interviews; two participants requested the latter due to their time restraints and convenience. In addition, because of its theoretical flexibility, a decision was made to use thematic analysis, termed by Boyatzis as “A translator, a way of seeing” (Boyatzis, 1998, p. 145) and used by Grafanaki and McLeod (2002) as a means of data collection and interpretation. Thematic analysis shares links with counselling and involves the researcher recognising important moments (seeing) followed by encoding (seeing them as something). Through its freedom, thematic analysis appeared a useful tool which could allow for a rich, detailed, though complex account of data which could promote individuality (Braun and Clarke, 2006). The interpretive theoretical perspective was considered suitable due to the purpose of the enquiry being to discover participants’ perceptions and experiences of their counsellors. *Verstehen*, a German word loosely synonymous with understanding and interpretation, is a non-empirical, empathic examination of social phenomena associated with Max Weber (1864-1920). As a counsellor, I am accustomed to using empathic understanding when in practice by listening, interpreting and feeding data back to clients for clarification of accuracy (Rogers, 1957). It is considerations such as these which suggested that the chosen methodology was the most fitting.

It should be noted that during the study I made a decision to divide the data into two categories in order to investigate and compare congruence between different theoretical orientations, that is, person-centred therapy with CBT and integrative therapy. This was not an original decision nor a main aim however it was made on receiving interest from respondents who had participated in ‘counselling’ as opposed to those who had experienced pure person-centred therapy.

Elliot (2013) reminds us that writers including Mearns and McLeod (1984) illustrate what research can look like if we apply basic principles. Therefore, the following have been borne in mind throughout the research process:

- The person-centred researcher focuses on understanding from inside the client's lived experience.
- The person-centred researcher accepts and even prizes the client's experience and does not judge it.
- The person-centred researcher tries to be an authentic and equal partner with the client, treating them as a co-researcher and allowing them to see the researcher as a fellow human being.
- The person-centred researcher creatively and flexibly adapts research methods to the research topic and questions at hand.

(Elliot, 2013, p. 334).

As Elliot notes, it is considerations such as these which have led therapy researchers to favour qualitative rather than quantitative methods. He further reminds us in relation to qualitative methods, "While they differ in important ways, they share common interests with therapy, including the central place accorded to empathy" (Elliot, 2013, p. 334).

3.5 The 21 Interview Questions Asked

In order to satisfy the research question, I asked participants 21 questions. Depending on the responses or the information offered, I asked further questions (Appendix j contains the full transcripts). The semi-structured interview schedule included attention to the following pre-determined questions:

1. What is your gender?
2. How old are you?
3. What is your ethnicity?
4. How many sessions of therapy did you have?
5. When did your therapy begin?
6. When did your therapy end?
7. What type of therapy did you have?
8. Was your counsellor male or female?
9. How old was your counsellor approximately?
10. What was your counsellor's ethnic group?

11. Did you choose your therapist or was he/she assigned to you via an organisation?
12. Did you have to pay for your therapy?
13. Was your therapy for a specific issue?
14. Do you hold any counselling qualifications?
15. Do you believe it is important for a client to experience their counsellor as congruent, also termed as genuine, honest, open, real and authentic? If so why?
16. What is your understanding of congruence?
17. Did you perceive your counsellor to be congruent in therapy sessions?
If yes, how? If no, why not?
18. Was there any particular moment you remember more than others in relation to your counsellor's genuineness?
19. How has it been to reflect on your counsellor's genuineness?
20. Would you like to ask me any questions?
21. Is it ok to arrange a follow up interview in order to check my data?

3.6 Ethics

As a senior accredited counsellor, I am a member of the BACP. Membership of the Association requires counsellors to adhere to its Ethical Framework both in practice and in research. BACP regulations and Bond's Ethical Guidelines (2004) were followed throughout this study. The guidelines reflect ethical diversity by considering values, principles and personal moral qualities. In addition, the guidelines of The University of Chester Research Ethics Committee were also followed.

Ethics in counselling focuses on a set of basic principles which include: non-maleficence - avoiding doing harm to clients; beneficence - acting to enhance client well-being; autonomy - respecting the right of the person to take responsibility for the self, and, fidelity - treating everyone in a fair and just manner (McLeod, 2003). In addition, research must be reliable, valid and trustworthy (McLeod, 2003). Participants consented to taking part in this study by signing the Participant Information Sheet and Consent Form (Appendix b). McLeod notes how "It is necessary to give careful consideration to ethical issues at all stages of the research process: planning; implementation and dissemination of results" (McLeod, 2003, p. 167). Hence, prior to starting the research, a pilot study was carried out; it confirmed that there were no ethical concerns.

The data collected has remained anonymous throughout in order that participants cannot be recognised from any presentation of the study findings. No participants requested a pseudonym to be used however names have been changed in this thesis in order to protect their identities. The sharing of data throughout the study has been kept to a minimum: my supervisor; my co-supervisor; my director of studies; the data-checker and me, who are all aware of the professional responsibility to maintain anonymity and confidentiality. For security purposes, the primary source data that was collected continues to be stored in a secure cabinet, where it is being held for a period of five years; after this time it will be destroyed.

McLeod (2003) raises issues that can arise during counselling research. The first of these is confidentiality. Face-to-face interviews were held in my practice room or at participants' houses in order for privacy to be respected. Telephone interviews and data-checking sessions were also carried out in my practice room, privately, to maintain confidentiality.

The second ethical principle that McLeod (2003) identifies is the avoidance of harm to participants. Mindful of participant care, CORE 10 Forms (Clinical Outcome in Routine Evaluation) were used to assess participants' mental states (Appendix e). The forms were used solely for the purpose of participant suitability and care, bearing in mind McLeod's caution regarding non-maleficence (McLeod, 2003). In the study, no participants had a core reading above ten and all were in the healthy or low-level risk category; participants did not show any signs of mental ill-health. The CORE readings for participants are shown in the Data Collection section of this thesis (Figure 1).

Mellor-Clark et al., (2001) and Connell et al., (2007), note how CORE has been used in a variety of settings, including the NHS and the general population. As Rao writes, "CORE has allowed both local and national benchmarking; it is a useful tool when obtaining a research sample" (Rao, 2007, p. 2). Although I have worked with other tools including the RSES (Rosenberg, 1965) and the SWLS (Diener et al., 1985), I chose CORE due to my familiarity with it and its known reliability in practice (Connell et al., 2007). It would have also been possible to avoid the use of a tool and rely on my skills as a counsellor in order to determine participants' mental suitability. However, it was decided that a measure of some type should be used. I did not ask participants to complete a CORE form at the end of the research process; however, in relation to aftercare, participants had details of how they could access support should they have felt the need (Appendix b).

McLeod (2003) also notes that in order to avoid ethical difficulties and harm to participants, it is useful for researchers to place themselves in the position of a participant in order to see the impact the study may have on others. I did this by filling in a CORE 10 Form myself, one month before the study. My CORE reading scored '2'. Prior to the pilot study I also answered my own research questions about therapy I had experienced (Appendix n).

McLeod (2003) refers to the importance of beneficence in counselling research. I acted to enhance participants' well-being, both during and after the research. Following the study, I have continued to work to improve the well-being of clients by producing a leaflet which has been designed to assist service-users to be more informed about congruence (Appendix h).

Initially, I had considered using participants who had undergone counselling with me. I thought that the potential for gaining a deep understanding of counsellor congruence, whilst providing an opportunity to determine self-assessment, would have been useful. However, after having discussions with the Head of Research at BACP and having considered McLeod (1997), some potential difficulties became apparent in relation to both ethics and methodology, such as power imbalance. Such difficulties may have arisen as a result of, for example, switching roles from counsellor to researcher; hence, I decided to use participants who had experienced therapy with other counsellors.

McLeod (1997) lists some of the most frequently occurring ethical dilemmas in counselling research:

- Studying experimental or innovative treatments that may cause harm to clients: This was not an issue in the research.
- Excluding people from therapy unless they took part in a research study: I chose not to use my own clients in order to avoid ethical conflict.
- Recording counselling sessions that may subsequently be heard by several members of a research team: This was not an issue as I did not use my own clients and moreover, I was a single-researcher hence data-sharing was minimal.
- Research interview or questions uprooting painful issues for clients: Only participants who had finished their therapy at least two months previously in order to ensure that their therapeutic process was complete prior to the research process were recruited. In addition, questions during both the initial and follow-up interviews were asked in order to clarify that no harm had occurred to participants during the study.

(McLeod, 1997).

Finally, in the unlikely event of individuals being harmed as a result of the research process, participants were given information detailing how they could access the Samaritans or the BACP for support. This information was listed on the Participant Information Sheet (Appendix b) and included telephone numbers, postal and website addresses. The study was carried out under the supportive and facilitative supervision of Dr Jennifer Peel and Dr Jon Talbot (Appendix c) and The University Ethics Department details were listed in case of participant concerns.

What follows is Chapter Four, the data collection and analysis section of this study.

Chapter Four

Data Collection and Analysis

This chapter illustrates how the data from this research was collected and analysed (a worked example of this can be found in Appendix k). It also contains a description of the process of thematic analysis.

4.1 Data Collection

Having decided on an appropriate methodology, a pilot study was carried out using one participant. The pilot study confirmed that no harm was likely to occur to individuals and it clarified that there was knowledge to be gained by researching congruence, sufficient for a Doctoral Thesis Project. The pilot study also confirmed that the estimated time period of 60 minutes would be sufficient to conduct an interview, to illustrate any unclear items and to discover whether the task evoked emotional reactions (McLeod, 2003). After the pilot study, it was not thought that further pilot studies were needed because I thought that I had the information I needed from just the one interview. My emphasis was on deriving talk-based data, with a view to asking closed and open questions (at a ratio of 15:6), in order to allow sufficient space for participants to speak.

It was originally considered that participants should be recruited from a predetermined group who had participated in pure person-centred counselling for purposive sampling. However, individuals who had experienced other therapeutic approaches such as CBT and integrative therapy began to respond to the advertisements, hence the recruitment criteria changed to accept such respondents. Although the comparison of different modalities was never a main aim of this study, it was considered that this opportunity would allow some comparing and contrasting of theoretical orientations and their links to congruence.

Participants were of any cultural background with a minimum age of 18 years, who had responded to a leaflet handed or e-mailed to counsellors working in the UK (Appendix a). They were required to be unknown to me and have taken part in counselling with a qualified therapist, their final session having been attended at least two months, yet no more than six months prior to the research interview. This was to ensure that they had spent time away from therapy, yet could still recall experiencing their therapist (Martin and Stelmaczek, 1988, Elliott and Shapiro, 1992).

Six participants who were considered to be emotionally stable as assessed by the CORE form and not connected to the University were recruited as a volunteer sample. The scores from the CORE forms are shown below in Figure 1:

| Participant Number | Total Clinical Score |
|---------------------------|-----------------------------|
| Pilot Participant | 8 |
| Participant Number One | 4 |
| Participant Number Two | 6 |
| Participant Number Three | 0 |
| Participant Number Four | 2 |
| Participant Number Five | 2 |
| Participant Number Six | 4 |

Figure 1: Participant CORE Scores Collated Prior to Research Commencing

It was decided at the outset to reject individuals who were still in therapy or who required therapy. No individuals were excluded due to a lack of emotional stability, although three respondents were rejected, due to what could be perceived as a conflict of interest. Participant recruitment continued until no new data appeared to be emerging, as in thematic analysis it is un-productive to have large numbers of the same or similar responses (Boyatzis, 1998). Subsequently, recruitment ceased when six participants had been interviewed as it was thought that no new data was emerging.

A notice was placed in the November 2011 Issue of Therapy Today, inviting participants to come forward; however, there was a nil response to this mode of recruiting as it is counsellors rather than clients who are subscribers to the journal. If it had been difficult to obtain participants by placing the recruitment leaflet (Appendix a) in counsellor's practices and e-mailing it to counsellors, the leaflet would have been e-mailed to therapists listed on the BACP website. Meanwhile, as a contingency plan, a reserve list was prepared in case any of the original respondents chose to opt-out of the research (although this list was not needed). Six interviews – four face-to-face and two telephone interviews were carried out.

Obtaining a larger cultural variation was not possible due to the nature of volunteer, purposive sampling and the population of the area in which research took place (Merseyside and Cheshire). In these counties, figures show a lack of ethnic and cultural diversity: 96% of

the population are White British; 1% is Asian; 0.8% is Mixed Race and 0.4% is Black (2011 Census). This reduced the probability of obtaining a more diverse sample.

Figure 2 Shows the sample used in the research:

| PARTICIPANT NUMBER | NAME | TYPE OF THERAPY | AGE CATEGORY | NUMBER OF SESSIONS | ETHNIC GROUP |
|-------------------------------|-------------|----------------------------|-------------------------|-----------------------------------|--------------------------|
| Pilot | Cara | Integrative | 31-50 | 3-4 | White British |
| 1 | Emily | Person-Centred | Under 30 | 3 | White British |
| 2 | Laura | Integrative | 51+ | 10 | White British |
| 3 | Andrea | Integrative | 31-50 | 40-50 | Black Afro- Caribbean |
| 4 | Martine | Integrative | Under 30 | 8 | White British |
| 5 | Tim | CBT | Under 30 | 25 | White British |
| 6 | Janet | Person-Centred | 51+ | 100+ | White British |

Figure 2: Participant Sample: Generic Data

4.2 Data Analysis

Prior to the study commencing, a decision not to use data analysis software such as ‘Dragon’ was taken, as the project was to be a small scale assignment and was within my capability to analyse without the need for computer programming equipment. Moreover, I wanted to be as close to the data as possible and the use of such programmes would likely have hindered this choice. Each recording was listened to twice - within 24 hours of the interview and again one month later. The data was transcribed by me to ensure familiarity and the transcripts were read through periodically. Primary source data consisted of recordings (two Dictaphone Recording Devices to tape the interviews) and transcripts. Secondary source data was comprised of articles, literature reviews, my journal (Appendix m) and my diary.

Mearns and McLeod (1984) and Elliott and Timulak (2005) talk of various qualitative research strategies that therapy researchers draw on. The following strategies were employed for this study:

- Negotiating with the informant-client in a transparent, collaborative manner: I had an initial telephone conversation with each participant and used an information sheet/consent form (Appendix b).
- Carrying out the interview in a careful, intentional manner, helping the informant to stay focused and clarifying their meanings as they attempt to put them into words: I consider myself a caution person, and I am accustomed to summarising and clarifying in sessions with clients and supervisees.
- Transcribing the recording of the interview at the appropriate level of detail and accuracy: The interviews were transcribed verbatim by me in order to ensure familiarity with the data (Appendix j).
- Preparing the data record by breaking it into meaning units and dropping irrelevant material: This was the beginning of the thematic analysis.
- Constructing categories or themes to describe each meaning unit: The themes that emerged from within the data were analysed.
- Second interviews used as data-checking/data validation sessions: These sessions were carried out by telephone, one week after each interview. The data collected at the initial interviews was briefly recounted to participants and then clarified by means of me asking participants to confirm, comment, or expand on their previous responses (Appendix j).

This process is similar to that carried out by Grafanaki and McLeod (2002) who also produced rich data without statistical measures. In order to avoid limitations such as a lack of an independent data-checker, an individual not involved in the project was recruited to member-check the data and verify the analysis; she was familiar with the research process and had prior data analysis experience. It was her task to conduct her own analysis and review mine.

4.3 The Process of Thematic Analysis

Thematic analysis is widely used within psychology (Boyatzis, 1998, Roulston, 2001). Those who have used the approach include Freud (1856-1939) and Jung (1875-1961) who used it to analyse dreams, and Adler (1870-1937) and Perls (1893-1970) who used it to interpret content (Boyatzis, 1998). In this study, themes were observed within participants' dialogue and patterns were identified at manifest and latent levels. Thematic analysis can be an essentialist or a realist method that reports the experiences of individuals. Such a method was

considered vital in this study, due to the need to analyse participants' experiences. McLeod notes, "Usually the data is gathered and then analysed at one time" (McLeod, 2003, p. 36), a process used to allow a full picture to be visualised. Braun and Clarke (2006), note that thematic analysis has the ability to generate unanticipated insights into the data set. They offer a six phase guide to performing thematic analysis outlined below, which fitted the requirements for this research:

1. Phase one: Thematic analysis began when patterns of meaning were observed through the transcription of verbal data.
2. Phase two: Producing a set of initial codes from the data.
3. Phase three: When collected codes were placed into potential themes (involved gathering all data relevant to the potential theme).
4. Phase four: A review of the themes.
5. Phase five: On-going analysis to refine the specifics of each theme, including defining and naming them. (It is at this point that an independent analyst carried out her own analysis).
6. Phase six: The reporting of content and meaning. The production of a final analytical report, displaying the story of the data set.

(Braun and Clarke, 2006)

Braun and Clarke (2006) and Ely et al., (1997) warn of the over-simplification often seen in the write up of thematic analysis. Grafanaki and McLeod (2002) also refer to this issue. Ely et al., (1997) note the issues that can arise when analysts are content with documenting findings under broad headings. Phrases such as 'several themes emerged' can lead to the misunderstanding that themes reside in the data and if one simply looks hard enough, they will emerge. Themes do not reside in the data, but rather in the analyst's mind and arise from thinking about the data and creating links. On a similar note, Braun and Clarke (2006) refer to the danger of glossing over the analytical process, stating that it denies the active role the researcher plays in identifying patterns and themes. In order to avoid this danger, an independent data-checker followed the procedure that I had carried out. The data-checker did not need to transcribe the data again however she did carry out phases two-five as above. Having this person check the data and produce her own analysis provided some assurance that my analysis was correct, hence, the reliability of the results was increased somewhat. This is supported by McLeod's definition of reliable (McLeod, 2003), that is, the extent to which might another person have produced the same results. What follows is the step-by-step

process used in order to analyse the data. A worked example of the actual data can be found in Appendix k.

Step-by-step process that I used for thematic analysis:

1. The interviews were transcribed as they occurred.
2. The answers were separated from the six participants into the questions asked.
3. Questions 15-18 were open questions; these were the only questions conducive to thematic analysis. The responses were condensed into bullet points, that is, all Question 15, all Question 16 etc.
4. The responses were divided into two categories and then transferred into a figure.
5. Common themes were looked for in each of the two categories.
6. The occurrence of each theme was calculated – how many people said something to do with, for example, ‘understanding’.
7. Each theme was defined and named, for example, ‘understanding’.
8. The category for which the theme appeared in was looked for, for example, the person-centred category.
9. A report was produced and the data was put into boxes.
10. Each theme’s relation to congruence was described and analysed.
11. An independent data-checker verified the data.

What follows is Chapter Five, a presentation, analysis and discussion of results.

Chapter Five

Presentation, Analysis and Discussion of Results

This chapter begins with an explanation of how the questions were categorised. This is followed by a summary of the data that was not used in the analysis; additional information can be found in Appendix o. The chapter also contains a presentation, analysis and discussion of the results followed by a summary. Figures and boxes are included where appropriate.

5.1 How the Questions were Categorised

It is important to acknowledge that as this was a small scale study it has a limited generalizability to the counselling population or to other professions. In order to assist the reader to understand the use of thematic analysis in this research, it is pertinent here to explain the format of the questions.

From the interview questions, numbers 1-15 and numbers 19-21 were less open to rigorous analysis than questions 16-18 (the former are closed questions). The first 14 questions and questions 19-21 were: generic; not appropriate to be subjected to thematic analysis or not related to the original study aims. Question 15 though relevant to the aims of the study did not generate findings conducive to thematic analysis. Questions 1-14 and questions 19-21 were generic questions such as, ‘What is your gender?’ (Question 1) and ‘Was your counsellor male or female?’ (Question 8). These questions were asked with the intention of analysing the data from them; however, the majority of this was not used in the study as it did not appear relevant. These questions have therefore been summarised overleaf under the heading of, ‘Summary of Generic Non-Related Questions’, in order to provide a background to the results and not as a presentation of the findings of this study.

Questions 16-18 were open questions; they were the core of the research and produced interesting data. Participant responses were condensed into bullet points in order to compress the data into manageable segments. After analysing the segments, themes were observed in which the data appeared to fall. These themes were then compared across sub-samples and, if they differentiated the data sufficiently, they were allocated a code. Although all the codes did not differentiate the sub-samples as significantly as others, they were included because they were of interest or appeared more than once in the data. The quotations used in the results were selected if: they matched the definition of congruence (Rogers, 1961); came under a wider definition of congruence used by researchers such as Lietaer (2002); or, appeared relevant due to being referred to more than once by the same or another participant.

The codes contain five components as referred to in the thematic analysis format, as laid out by Boyatzis (1998). These components are:

1. Label: title.
 2. Definition: taken from The Concise Oxford English Dictionary (2011).
 3. Indicator: when the code was present within the data.
 4. Differentiation: comparison of the code between the two sub-samples.
 5. Examples: illustrations of the code within the data.
- (Boyatzis, 1998).

5.2 Summary of Generic Non-Related Questions

The following is background information related to participants: the gender ratio was 5:1, female to male (Question 1). All participants visited a White British therapist of the same gender for a variety of issues (Questions 8, 10 and 13). With regards to participant responses, the female respondents provided more detailed answers than the one male participant (5:1). This could suggest that females are more willing to engage in counselling research, a consideration found in a previous study (Savic-Jabrow, 2007). However, as the overall sample size is small, the question of whether this could reflect a gender-bias in the counselling client population is unclear and it is accepted that confidence cannot be claimed via evidence drawn from such a limited sample (Tomm and Hamilton, 1988). The average age of participants was 37 (Question 2); the study age sample spanned 34 years, similar to the study by Wong and Ng (2008). Grafanaki and McLeod (2002) used a similar yet smaller client age sample, spanning 25 years.

The study included five White British participants and one Black Afro-Caribbean (2nd generation) participant (Question 3). The inclusion of a Black Afro-Caribbean female differentiates this study from those carried out by Wong and Ng (2008) and Grafanaki and McLeod (2002), of which the latter used all White European client participants. The use of a Black Afro-Caribbean female allowed a small insight into the role of congruence in multi-cultural counselling relationships and goes a small way to increasing the external cultural validity, however a sample size of one is not considered significant. The number of sessions undertaken by participants ranged from three to 100+ sessions (Question 4) and the duration of therapy ranged from under three months to more than one year (Questions 5 and 6). The ratio of participants who had their therapists designated by an organisation as opposed to

choosing them was 5:1 (Question 11). The ratio of those receiving therapy free of charge was 4:2 (Question 12).

Participants received different modalities of therapy: three participants experienced integrative therapy; one participant experienced CBT therapy and two participants experienced person-centred therapy. The research initially set out to recruit individuals who had participated in person-centred therapy however the leaflet inviting participants (Appendix a) did not specify this. Hence, individuals came forward having experienced different therapies. The decision to combine CBT and integrative therapy was borne from the idea of comparing and contrasting congruence from the viewpoints of clients who had experienced person-centred therapy, with congruence from the viewpoints of those who had experienced other forms of therapy. Person-centred therapy was given a category of its own due its focus on congruence. This was not an original decision: it was one made during the study.

A problem arising from creating two categories was that from participant responses it was understood that the integrative therapy that participants experienced included person-centred and CBT techniques. Hence, it was not possible to determine whether the responses that participants gave were related to the person-centred, CBT or SFT techniques of the therapist; this possibly resulted in inaccurate data. The categories were weakened by the fact that although some of the integrative therapy was person-centred, those who had experienced integrative therapy were combined with those who had experienced CBT; hence, integrative therapy could have been combined with person-centred therapy. However, to allow a separate (third) category for integrative therapy would have diminished the validity of the results found in the CBT category; moreover, as only one participant had received CBT, to have just one individual in a category would have made it impossible to carry out a comparison and further reduce the external validity. Furthermore, to have had one category for each form of therapy would have rendered integrative therapy as non-classifiable due to ‘integrative’ therapy containing therapies such as SFT or Adlerian. In short, the decision to compare person-centred with other forms of therapy arose from a misconception that congruence was more important in the former. With hindsight, it appears that such a decision led to a methodologically unsound choice as it appears that congruence can be equally important for individuals, regardless of the therapeutic model that participants experienced. Despite not being related to the original aims of this research, the data from this question was made use of throughout the study.

Finally, as the results had been divided into person-centred and CBT/integrative categories, it seemed appropriate to consider some of the similarities and differences between the two; however, it is recognised that this was a weak decision. Hence, I have taken the decision to discuss the majority of the results as a cohort in the main themes in the categories which follow.

5.3 Presentation, Analysis of Questions and Detailed Discussion of Results

Below is a presentation, an analysis of the interviews and a discussion of the results from questions 15-19 inclusive:

Question 15: Do you believe it is important for a client to experience their counsellor as congruent, also termed as genuine, honest, open, real and authentic. If so why?

It was the intention to divide the answers for this question into two groups, ‘yes’ and ‘no’. However, all participants stated that it was important for them to have perceived their therapist as congruent, with one participant stating that she would not have continued with therapy otherwise (Participant Number Three, line 48). From the study, 50% of participants associated congruence with trusting their therapist. This is interesting, as trust is not one of the core conditions stipulated by Rogers. However it could be experienced as a high-frequency event, clients deeming counsellors per se as ‘trustworthy’; however, this is speculation. Unconditional positive regard has explicit implications for trust and this finding could suggest that trust is at the forefront of clients’ minds as an essential quality of a therapist. Notwithstanding, the data from this question has been incorporated where appropriate.

Question 16: What is your understanding of congruence?

The following are condensed participants' responses to the above question, followed by the codes assigned to them. Descriptions and evidence are laid out in box-format.

Participant 1: Person-Centred Category

- *I've been in contact with the word but I've not really understood what it was about (line 58).*
- *You expect to be respected (line 60).*
- *Respect what your client's going through and respect their point of view (line 62).*
- *A mid-point between yourself and the counsellor (line 62).*

Participant 2: CBT and Integrative Category

- *You're gonna have to feel safe (line 66).*
- *Reassured that the person knows what they're doing (line 68).*
- *Maybe they should even tell you what their qualifications are (line 72).*
- *I could trust her with information (line 102).*

Participant 3: CBT and Integrative Category

- *I wanted to meet somebody who understood me (line 56).*
- *Sort of not having to explain too much (line 62).*
- *Real and genuine (line 66).*
- *It's about respect and respecting the individual's experience (line 68).*
- *Just accept that, your experience is different than mine and that's ok (line 70).*

Participant 4: CBT and Integrative Category

- *They genuinely want to help you (line 72).*
- *It's the whole demeanour I think, the whole package (line 74).*
- *It's just that trust thing (line 76).*

Participant 5: CBT and Integrative Category

- *Refers to whether the person's truthful to you (line 84).*
- *Genuine concern (line 90).*
- *Wasn't asking because of his job, necessarily (line 90).*
- *Asking 'cause he empathised (line 90).*

Participant 6: Person-Centred Category

- *Genuine (line 70).*
- *Non-directive (line 70).*
- *Being yourself in the relationship (line 70).*
- *Empathy (line 97).*

Figure 3 shows the theme appearances from Question 16, ‘What is your understanding of congruence?’

| <i>Codes</i> | <i>Number of Appearances in CBT and Integrative Category</i> | <i>Number of Appearances in Person-Centred Category</i> |
|---------------------------------------|---|--|
| <i>Caring</i> | 4 | 0 |
| <i>Empathy</i> | 1 | 2 |
| <i>Respect</i> | 2 | 2 |
| <i>Trust</i> | 5 | 0 |
| <i>Understanding</i> | 1 | 0 |
| <i>Unrelated to Congruence</i> | 11 | 5 |

Figure 3: Question 16: Theme Appearances

Code 1: Caring

“Displaying kindness and concern for others”
(Concise Oxford English Dictionary, 2011)

Coded when a participant spoke of therapist concern, or wanting to help

This code was present four times in those who had experienced CBT or Integrative Therapy however it was not present in participants who had experienced Person-Centred Therapy

Examples of this code: One participant stated, “They genuinely want to help you” (Participant Number Four, line 72). Another participant stated, “Genuine concern...wasn’t asking out of his job necessarily” (Participant Number Five, line 90)

Code 2: Empathy

“The ability to share the feelings of another”
(Concise Oxford English Dictionary, 2011)

Coded when a participant spoke of emotional connection, sensing, empathy or mid-point

This code was present in two participants who had experienced Person-Centred Therapy and one participant who had experienced CBT or Integrative Therapy

Examples of this code: One participant described, “A mid-point between yourself and the counsellor” (Participant Number One, line 63). Another participant stated, that his therapist “Emphasised with my situation” (Participant Number Five, line 90)

Code 3: Respect

“Due regard for feelings, wishes and rights of others”
(Concise Oxford English Dictionary, 2011)

Coded when a participant spoke of their therapist respecting their experience, issues and thoughts

This code was present in both categories with two appearances in those who had experienced Person-Centred Therapy and two appearances in those who had experienced CBT and Integrative Therapy.

Examples of this code: “It’s about respect and respecting the individual’s experience” (Participant Number 3, line 68). Another participant spoke of her therapist’s ability to “Respect what your client is going through” (Participant Number One, line 62)

Code 4: Trust

“A firm belief in the reliability, truth or ability of someone or something”
(Concise Oxford English Dictionary, 2011)

Coded when a participant spoke of counsellor trust, the counsellor being truthful or the ability to trust with confidential information

This code occurred five times in those who had experienced CBT or Integrative Therapy. However it was not present in participants who had experienced Person-Centred Therapy

Examples of this code: One participant spoke of how she was “Reassured that the person knows what they’re doing” (Participant Number Two, line 68). Another participant referred to whether “The person is truthful to you” (Participant Number Five, line 84)

Code 5: Understanding

“The ability to understand something, comprehension”
(Concise Oxford English Dictionary, 2011)

Coded when a participant spoke of someone understanding them and not having to explain too much

This code was present in one participant who experienced Integrative Therapy. This participant was the only Black Afro-Caribbean female. This code was not present in those participants who had experienced Person-Centred Therapy

Examples of this code: Participant Number Three stated, “Somebody who understood me” (Participant Number Three, line 56)

Code 6: Unrelated Concepts

“Lacking a logical or causal relation”

(Concise Oxford English Dictionary, 2011)

Coded when a participant spoke of concepts outside the main definition of congruence

This code was present in all participants; out of 24 responses, 16 fitted into this code

Examples of this code: One participant referred to “Sort of not having to explain too much” (Participant Number Three, line 62). Another participant stated, “Maybe they should even tell you what their qualifications are” (Participant Number Two, line 72)

What follows is an analysis of each of the six determined codes:

Code 1, Caring

This code is related to the central concept of congruence and, although it is not a traditional attribute of Rogers’ definition, it appeared four times as an ingredient in participants’ understandings of congruence. No participants reported that they had experienced their therapist as ‘un-caring’. There is the possibility that the appearances of caring in those participants who had experienced person-centred therapy were an artefact of my research methods. However, nothing decisive can be determined here due to the small sample size.

When asked, “What is your understanding of congruence?” Participant Number One responded with, “I’ve been in contact with the word but I’ve not really understood what it was about” (Participant Number One, line 58). I clarified Rogers’ definition of congruence however this participant instead spoke about ‘respect’. This could be understood to be an example of the meta-condition that Corenlius-White (2007) refers to, that is a merging of the core conditions. Alternatively, it could be that this participant just wanted to speak about respect or that she did not have a clear understanding about what I was asking, possibly due to semantics, either logical (sense and reference) or lexical (word meanings and relations between them). On the other hand, this participant’s response could also be an example of an expanded version of congruence that Lietaer (2002) refers to, that is, congruence being implied by proxy - by representation or substitution (Seeman, 2001).

Code 2, Empathy

This code is related to the central definition of congruence and was present in both categories. This is interesting as empathy plays a large role in counselling and is one of Rogers’ core

conditions. One participant noted, “He empathised with my situation” (Participant Number Five, line 90). It could be that this participant considered empathy to be more important than congruence; however, this is speculation as the question was not asked; what is more, it was not an intention of the study to compare Rogers’ conditions with one-another. Alternatively, it could be that this participant and others had an expanded understanding of congruence or considered the core conditions to be a meta-condition (Cornelius-White, 2007); again, these questions were not asked. Moreover, the small sample size used means that generalizability is not afforded.

Code 3, **Respect**

This code is related to Rogers’ definition of congruence and was present in all categories which could suggest that it is a basic condition. However, the lack of reference to it from those who had experienced person-centred therapy could suggest that it is perhaps taken for granted by clients that they will be respected. Another consideration is that participants may have had an expanded understanding of congruence hence the term not being focused on as much. Although it could be suggested that respect must be present in order for a therapist to be congruent, it is never explicitly mentioned in Rogers’ definition which focuses on the client or therapist being themselves in the relationship (Rogers, 1961). This finding is more significant than others in this study as it may be an example of participants viewing congruence widely, and/or as part of the meta-condition that Cornelius-White (2007) refers to. Respect shares links with what Rogers refers to as unconditional positive regard (Rogers, 1957). Despite these plausible considerations, it is acknowledged that this finding cannot be generalised.

Code 4, **Trust**

This code is a related concept to the central definition of congruence and played a larger role in participants who had experienced CBT and integrative therapy than those who had experienced person-centred counselling. On analysing the data, it was surprising that this quality was not emphasised by all; however, participants still valued and deemed trust necessary for therapy. It could be that trust in therapeutic relationships can be understood to be an implied assumption: that a counsellor is a trustworthy individual hence there was no felt need for participants to express this; however, this is speculation and it would require research to qualify this. Although trust is not explicitly referred to in the definition of congruence, its presence can be considered important in order for both a counsellor and a client to achieve ‘relational depth’ (Knox and Cooper, 2010).

Code 5, Understanding

This code is related to Rogers' definition of congruence. It was referred to by Participant Number Three and was coded because of the emphasis placed on it by her. It is recognised that the integrative therapy experienced by this participant may have contained some person-centred therapy, thereby offering an explanation of why she may have found this counsellor quality to have been evident and important. As with trust and respect, it could be that counsellor understanding is implied. In personal practice, I give particular importance to understanding clients by constantly checking out and clarifying (Rogers, 1957). However, in this study, the lack of report on understanding by other participants may be due to them having taken this quality as being obvious hence it was not referred to by them in the interviews. Alternatively, it could be that participants did not understand what I was asking them, possibly due to semantics. It is therefore difficult to say whether or not there is a need for more emphasis to be placed on ensuring that clients feel understood.

Code 6, Unrelated to Congruence

This code is comprised of responses that were unrelated to Rogers' definition of congruence. It was formed from the data collected in questions 16-18, when it became apparent that participants were not referring to the central definition. Out of 24 responses, only six directly referred to Rogers' definition and were responses such as "Genuine" (Participant Number Six, line 70). The emerging theme from concepts identified that are unrelated to the definition of congruence is when participants spoke of their therapists' 'competence'. As such, it will be noted that this code has not been taken further through the presentation of results other than through its use as a tool for displaying the factors relayed by participants and their relationship to the central definition of congruence. It therefore follows that the inclusion of this code demonstrates that out of the 14 codes found in this study, four were unrelated to Rogers' central definition of congruence.

While participants were willing to speak about their therapy, they deviated from Rogers' definition of congruence: out of 24 responses, 16 were not directly related; Rogers' definition had been offered at various points during the interviews, including in question 15 when participants were asked, "Do you believe it is important for a client to experience their counsellor as congruent, also termed as genuine, honest, open, real and authentic?" Restating the central definition had the intention of gearing participants to comment specifically on the particular words. Furthermore, it could be suggested that the question which asked, "What is your understanding of congruence?" (Question 16) was not direct enough. It may have been better phrased by asking participants to define congruence, rather than enquiring about their

understanding of it. In the study carried out by Knox and Cooper (2010), participants were advised that the definition the researchers were working to (of relational depth) was intended as a starting point only. In my study it may have been useful if I had suggested to participants that the definition of congruence I was offering was also intended as a starting point; however, participants did not appear to feel restricted.

Had I been aware at the time of interviewing about the lack of related data to the central definition of congruence, I could have taken more control to gently guide participants to focus on Rogers' definition. Such difficulty focusing on the central definition however is not surprising, given the dilemma that therapists and academics have in understanding, articulating and testing congruence (Wyatt, 2012). Steering participants may have led to deeper exchanges however this is speculation and would require further research to validate. Moreover, it could be argued that leading participants would have led to contamination of the data. Hence, upon reflection, this is not a path I would choose to take if carrying out the research again.

It is interesting to note that although there were three responses which fit centrally with Rogers' definition of congruence, the nature of thematic analysis did not afford them a code. This is because those that were related to the accepted definition were not popular enough within the data and did not appear enough in order to be classed as a 'theme'. This however, does not necessarily question the validity of the study as one of the aims was to critically consider the concept of congruence from the clients' perspective.

Question 17: Did you perceive your counsellor to be congruent in therapy sessions?

If yes how? If not, why not?

Participant 1: Person-Centred Category

- *'Cause she listened (line 66).*
- *She gave me her point of view and we discussed the way forward (line 66).*
- *She didn't sort of push her ideas onto me (line 66).*
- *Open, relaxed (line 66).*
- *Options and what she thought I should do (line 68).*
- *Honest and open (line 74).*
- *She'd go over the points that I'd raised (line 84).*
- *Eye contact and very open body language (line 86).*
- *Would comment on, oh you look a bit brighter today (line 94).*
- *She did seem to understand my feelings and how much I wanted to say and would stop if it was too upsetting (line 100).*
- *She would vary the sessions on how it was going (line 100).*

Participant 2: CBT and Integrative Category

- *I knew the person was qualified (line 86).*
- *Also specialises in the reason I was going (line 88).*
- *It's a well-recognised organisation in this area (line 96).*
- *She's a person that I could connect with (line 102).*
- *She was very knowledgeable (line 104).*
- *It didn't matter if I was upset or didn't say anything or I did say anything; she could cope with whatever I just walked in with (line 106).*
- *Overall she didn't really disclose much about her own personal life (line 164).*

Participant 3: CBT and Integrative Category

- *I think her sharing (line 77).*
- *She didn't need to tell me but I hope part of why she told me was to say I accept you (line 77).*
- *She had some understanding (line 85).*
- *I mean she was older, wiser, she knows her stuff (line 97).*
- *I think when I felt her genuineness most, 'cause I felt it many a time, I think most is when she's been talking about her experience with the other children (line 100).*

Participant 4: CBT and Integrative Category

- *It's almost like when you get a demeanour of someone, you can generally tell (line 74).*
- *Trust (line 68).*

Participant 5: CBT and Integrative Category

- *He seemed to show a genuine concern (line 90).*

Participant 6: Person-Centred Category

- *I felt she understood (line 94).*
- *I felt that straight away with the lady I saw (line 72).*
- *I felt it from the first time we met (line 80).*
- *She'd only said a few words to me and I thought, yeah (line 80).*
- *She said that must be difficult for you (line 82).*
- *It was quite powerful actually (line 88).*
- *There were never any critical comments from her (line 126).*
- *Very occasionally she'd give personal information; I felt it was a greater understanding actually and almost a connection, really (line 142).*
- *I think it was the tone of voice she used as well; there was some definite understanding there but I just felt she was being genuine (line 102).*
- *It wasn't a technique she was using (line 102).*

Figure 4 shows the theme appearances from Question 17, 'Did you perceive your counsellor to be congruent in therapy sessions? If yes how? If not, why not?'

| <i>Codes</i> | <i>Number of Appearances in CBT and Integrative Category</i> | <i>Number of Appearances in Person-Centred Category</i> |
|--------------------------------|--|---|
| <i>Body Language</i> | 0 | 3 |
| <i>Competence</i> | 5 | 0 |
| <i>Demeanour</i> | 4 | 6 |
| <i>Understanding</i> | 1 | 4 |
| <i>Unrelated to Congruence</i> | 10 | 15 |

Figure 4: Question 17: Theme Appearances

Code 1: Body Language

“The conscious and unconscious movements and postures by which attitudes and feelings are communicated”

(Concise Oxford English Dictionary, 2011)

Coded when a participant spoke of a therapist being open, relaxed, having positive body language or using a particular tone of voice

This code had three appearances in those who had experienced Person-Centred Therapy, however none in those participants who had experienced CBT or Integrative Therapy

Examples of this code: One participant spoke of “Eye-contact and very open body language” (Participant Number One, line 214). Another participant stated, “I think it was the tone of voice she used as well; there was some definite understanding there but I just felt she was being genuine” (Participant Number Six, line 102)

Code 2: Competence

“The ability to do something successfully or efficiently”

(Concise Oxford English Dictionary, 2011)

Coded when a participant spoke of a therapist being qualified, knowledgeable or being able to cope

This code made five appearances in those who had experienced CBT or Integrative Therapy, however it was not found in those who had experienced Person-Centred Therapy

Examples of this code: One participant stated, “I knew the person was qualified, also she specialises in the reason I was going” (Participant Number Three, line 94). The same participant also stated that her therapist was “Older, wiser and knew her stuff” (Participant Number Three, line 97)

Code 3: Demeanour

“Outward behaviour or bearing”

(Concise Oxford English Dictionary, 2011)

Coded when a participant spoke of a therapists’ way of being, honesty, openness, being relaxed or having a positive demeanour

This code appeared four times in those who had experienced CBT and Integrative Therapy and six times in those had experienced Person-Centred Therapy

Examples of this code: One participant described her therapist as “Open and relaxed” (Participant Number One, line 66). Another participant talked of, “The whole demeanour” (Participant Number Four, line 74)

Code 4: Understanding

“The ability to understand something, comprehension”

(Concise Oxford English Dictionary, 2011)

Coded when a participant spoke of being understood or accepted

This code was present in both categories with four appearances in the Person-Centred Category and one appearance in the CBT and Integrative category

Examples of this code: One participant stated that her therapist “Had some understanding” (Participant Number Three, line 85). Another participant said, “There was some definite understanding there” (Participant Number Six, line 102)

Code 5: Unrelated Concepts

“Lacking a logical or causal relation”

(Concise Oxford English Dictionary, 2011)

Coded when a participant spoke of concepts outside the accepted definition of congruence

This code was present in both participants who had experience CBT or Integrative Therapy and those who had experienced Person-Centred Therapy. Out of 36 responses, 25 fitted into this code

Examples of this code: One participant stated that her therapist would “Go over the points that I’d raised” (Participant Number One, line 84). Another participant stated, “It didn’t matter if I was upset or didn’t say anything or I did say anything; she could cope with whatever I just walked in with” (Participant Number Two, line 108)

What follows is an analysis of each of the five determined codes:

Code 1, Body Language

This code is related to Rogers’ definition of congruence. A ‘calm way of being’ is referred to in much of the literature written about person-centred therapy, albeit by practitioners or researchers as opposed to clients. Moreover, it could be argued that a current definition of congruence should be expanded to include facets such as body language (Seeman, 2001, Barrett-Lennard, 2007).

Code 2, Competence

This code is unrelated to the central definition of congruence, yet was codified because of its frequent appearance by Participant Number Two and Participant Number Three who had experienced CBT and integrative therapy and, in relation to person-centred therapy, Rogers’ focus on the therapist wearing his expertise as “An invisible garment” (Mearns and Thorne,

2013, p. 6). It may be that CBT and integrative therapy allows more opportunity for competence to be displayed by therapists. However, as this study was on a small scale, this is speculation and the findings cannot be generalised; hence, it would require further research to determine the validity of such a suggestion.

Code 3, **Demeanour**

This code is central to Rogers' definition of congruence. Participants used the term to describe a positive way of being. Rogers (1996) also wrote extensively on the therapists' way of being, to which is widely understood to be 'demeanour'. In his conversations with Gloria, Rogers' demeanour evidenced his ability to provide what he regarded as the core conditions for change. Rogers argued that it was through his overall demeanour and way of being that the core conditions were allowed to affect therapeutic change (Rogers, 1996). Moreover, definitions of congruence, have included the term demeanour, for example, Corsini and Wedding define congruence as "An agreement between the feelings and attitudes a therapist is experiencing and his or her professional demeanour" (Corsini and Wedding, 2008, p. 45).

The person-centred framework places great emphasis on the whole person, with authors noting that the non-verbal demeanour of therapists can permit clients to speak openly about their lives (Owen, 2009). However, as the counsellors of those who took part in this study were not interviewed, it is difficult to know whether an intention of practitioners was to convey a particular demeanour to clients (Jaffe, 2012). The therapists themselves were not aware of this research, hence they were unaware that their clients would be reporting on them (participants had finished therapy prior to participant recruitment). In addition, the findings reported in this study will have been influenced by therapist subjectivity and differences in personalities (Bogda, 2004), in addition to the differences in theoretical orientation (Rogers, 1951).

Code 4, **Understanding**

This code is related to Rogers' definition of congruence and was present in both categories. One participant recounted, "And she understood why, why I would be upset 'cause like you said, she said well you're obviously tryin' to please both camps and so (laughs) it's a bit o' both really I'd say all are as important as each-other 'cause it felt good to be understood" (Participant Number One, line 194). The quality of understanding is something participants valued and deemed necessary in order for congruence to be present (Cooper et al., 2013). This could be an example of a methodological weakness in this study, that is, sometimes the results fit with the term 'congruence', and sometimes they do not.

Code 5, Unrelated Concepts

Out of 36 responses given by participants, 25 did not directly relate to Rogers' definition of congruence; 11 did directly refer to Rogers' definition. In Question 16, participants appear to have had expanded understandings of congruence (Lietaer, 2002). For example, one participant suggested that her therapist was, "Honest and open" (Participant Number One, line 74) and "I think when I felt her genuineness most, 'cause I felt it many a time, I think most is when she's been talking about her experience with the other children" (Participant Number Three, line 100). The absence of responses regarding qualities and experiences that directly fit within Rogers' definition of congruence may be due to participants viewing congruence as part of a meta-condition (Cornelius-White, 2007) and/or, them having an expanded definition of the concept (Lietaer, 2002; Brodley, 2012; Haugh, 2012). On the other hand, participants may have simply wanted to speak about other qualities or did not understand what I was asking them, possibly due to semantics. However, counselling and therapeutic experiences are individual and subjective to each person. Participants' understandings and experiences of congruence and the task were varied. Notwithstanding, the variety of data has been included in the analysis in order not to compromise the quality and truthfulness of the study.

Connection

Despite 'connection' not being centrally related to Rogers' definition of congruence, the term occurred several times. For example, when asked the question, 'Did you perceive your counsellor to be congruent in therapy sessions?' (Question 17), one participant on two occasions linked connectedness with understanding, saying "I felt it was a greater understanding actually and almost a connection, really" (Participant Number Six, line 150) and "I thought there was a connection then. I thought, yeah, she understands" (Participant Number Six, line 249). One participant referred to a previous therapist she had been allocated initially and who she did not continue seeing saying, "I did actually go and see someone who I couldn't quite connect with", suggesting the importance for her to connect with her counsellor. She qualified this by saying of the counsellor used in this study, "She's a person that I could connect with" (Participant Number Two, line 102).

I also used the term 'connect' in the dialogue with participants. For example, in the data-checking session with Participant Number Three (who incidentally also placed a lot of weight on being understood), I suggested "The counsellor was able to identify with you and because you had a connection?" (Researcher, line 5), to which she replied, "Yes" (Participant Number

Three, line 6). ‘Connection’ (attunement) however is a more complicated phenomenon than ‘understanding’ and one which Seeman (2001), Wong and Ng (2008), Cozolino (2010) and Behm (2012) focus on in the therapeutic relationship. Connection can be understood to include emotional, empathic and spiritual relations. Hence, although it was not allocated a code and forming a connection with someone is complex, connection shared links with understanding and was considered important by participants.

Question 18: *Was there any particular moment you remember more than others in relation to your counsellor’s genuineness?*

Participant 1: Person-Centred Category

- *I was quite upset when I went and she said I can see you’re upset, and stressed and tired so that calmed me down a bit (line 88).*
- *She did say I can see it’s upsetting you and waited for me to calm down (line 88).*

Participant 2: CBT and Integrative Category

- *I went in one day and I was absolutely sobbin’ and it just didn’t faze her at all (line 124).*
- *I didn’t feel uncomfortable either (line 126).*

Participant 3: CBT and Integrative Category

- *When I felt her genuineness most, is when she’s been talking about her experience with the other children (line 100).*
- *It’s always been I think in a kind of way to show her understanding of what I’m going through (line 102).*

Participant 4: CBT and Integrative Category

- *I think it’s surprisin’ how genuinely upset she got for me (line 90).*
- *She had got involved in it, personally (line 94).*
- *‘Cause I remember her sayin’ you know, you’ve done all this and you’ve sort of you’ve been really brave (line 96).*
- *You’ve sort of carried on with all of the nerves and the stress and done it (line 98).*
- *We were talkin’ for about five or ten minutes just about animals; it was nice it was interestin’ ‘cause she was sayin’ her daughter was animal-mad; it sort of broke the ice and brought us closer (line 104).*

Participant 5: CBT and Integrative Category

- *No specific; no eureka moment ‘cause er just little things, just askin’ how things were and askin’ personal questions (line 94).*

Participant 6: Person-Centred Category

- *There were numerous times (line 108).*
- *There was one time when she got very upset; there were tears in her eyes and you know I could see she was upset and she said that she was (line 156).*

Figure 5 shows the theme appearances from Question 18, ‘Was there any particular moment you remember more than others in relation to your counsellor’s genuineness?’

| <i>Codes</i> | <i>Number of Appearances in CBT and Integrative Category</i> | <i>Number of Appearances in Person-Centred Category</i> |
|--------------------------------|--|---|
| <i>Self-Disclosure</i> | 2 | 0 |
| <i>Conveying Emotion</i> | 1 | 1 |
| <i>Unrelated to Congruence</i> | 5 | 3 |

Figure 5: Question 18: Theme Appearances

Code 1: Self Disclosure

“The action of making new or secret information known”

(Concise Oxford English Dictionary, 2011)

Coded when a participant spoke of their therapist discussing his or her personal life and experiences

This code was present in two participants who had experienced CBT and Integrative Therapy. However, it was not found in those participants who had experienced Person-Centred Therapy

Examples of this code: One participant stated, “When I felt her genuineness most was when she was talking about her experience with other children” (Participant Number Three, line 100). Another participant stated that her therapist was “Sayin’ her daughter was animal mad” (Participant Number Four, line 106)

Code 2: Conveying Emotion

“Conveying strong feeling”

(Concise Oxford English Dictionary, 2011)

Coded when a participant spoke of their therapist getting upset or conveying emotion

This code was present in both categories with one appearance in the Person-Centred Category and one appearance in the CBT and Integrative Therapy Category

Examples of this code: One participant stated, “There was one time when she got very upset” (Participant Number Six, line 156). Another participant stated, “I think it’s surprisin’ how genuinely upset she got for me” (Participant Number Four, line 90)

Code 3: Unrelated Concepts

“Lacking a logical or causal relation”

(Concise Oxford English Dictionary, 2011)

Coded when a participant spoke of concepts outside the central definition of congruence

This code was present in participants who had experienced CBT or Integrative Therapy and those had experienced Person-Centred Therapy. Out of 14 responses, eight fitted into this code

Examples of this code: One participant stated, “You’ve sort of carried on with all of the nerves and the stress and done it” (Participant Number Four, line 98). Another participant stated that she “Went in one day and I was absolutely sobbin’ and it just didn’t faze her at all” (Participant Number Two, line 124)

What follows is an analysis of each of the three determined codes:

Code 1, Self-Disclosure

This related code was present for some participants. Person-Centred training places major focus on the thoughts and feelings of the client as opposed to the counsellor, and, being real contains self-disclosure (Hill and Knox, 2002). However, some counsellors consider it totally inappropriate for a counsellor to self-disclose.

The finding regarding self-disclosure requires further attention. Rogers placed great emphasis on equality in a counselling relationship (Rogers, 1957) and without some appropriate self-disclosure on the part of the therapist it is difficult to understand how a relationship could be one of balance. Self-disclosure was perceived positively rather than negatively by participants. For example, when asked about self-disclosure, one participant referred to her therapist taking about animals recalling, “It was nice, it was interestin’ I think it brought...I know it sounds daft ‘cause it was one of the first weeks it sort of broke the ice, knowin’ that little bit more and bein’ able to relate” (Participant Number Four, line 106). As Brazier suggests, holding back information about oneself, when pertinent to a relationship, is arguably incongruence (Brazier, 2001). However, the responses from this question would need further research in order to produce more conclusive evidence regarding any relationship between self-disclosure and congruence.

The action of self-disclosure has played a significant part in this study. Central to the concept is that in some of the participants’ accounts, a moment of counsellor self-disclosure was a

particular moment of congruence, a finding supported by Grafanaki and McLeod (1995). When related to my practice, I am aware that the latter finding fits: therapist self-disclosure can be beneficial for a client, however only if used appropriately.

Code 2, **Conveying Emotion**

Conveying emotion is a related concept of congruence. This is an interesting finding as person-centred therapy has a particular focus on being real.

Code 3, **Unrelated Concepts**

It feels important to re-state the means by which the ‘unrelated’ classification was defined. The category was formed as a result of participants speaking about qualities of their therapist that were not considered to be consistent with the definition of congruence offered to them as formulated by Rogers (1961). It reflects times when participants gave themselves a voice and spoke widely about congruence and about other features that they found helpful about their counsellors. Eight out of 14 responses were unrelated to the central concept of congruence. However, what is interesting is the overlap between empathy and congruence. Participants made statements about the genuineness of their therapists’ care and empathic way of being; one participant said, “There was one time when she got very upset; there were tears in her eyes and you know I could see she was upset and she said that she was” (Participant Number Six, line 90).

Question 19: How has it been to reflect on your counsellor’s genuineness?

I wanted to allow for a more freeing, empowering, research-informed recollection of therapy. Asking participants how it had been to reflect on their counsellors’ genuineness allowed the opportunity for them to reflect. All participants found both their counselling and subsequently the research to be positive experiences. One participant stated that her counsellor had, “Done a really good professional job” (Participant Number Two, line 136) whilst the research allowed Participant Number Six to realise the importance of the therapeutic relationship she had been involved in; she recounted, “It’s felt good to actually talk about it” (Participant Number Three, line 140).

5.4 Summary of Codes

What follows is a summary of the determined codes from Questions 16-18, collated as a whole. It includes qualities that are central to the definition of congruence - those of connection and demeanour. It also includes terms that were related to the central definition –

those of: respect; understanding; empathy; self-disclosure; trust; body language; conveying emotion and care. Participants also referred to competence, which is not centrally related to congruence. An interesting finding is that all participants deemed their therapists to have shown congruence and viewed what they understood to be therapist congruence as important.

Connection: Despite ‘connection’ not being realised as a code, it is apparent that this theme occurred in participants’ responses. Having a connection is a central concept of congruence. It was referred to in particular by one participant, who stated, “I thought there was a connection then. I thought, yeah, she understands” (Participant Number Six, line 249). Connection appears to have been a central theme in this research as all participants spoke about elements of therapist connection. Maluccio refers to the term connection. He talks about the process of a client entering into therapy, becoming a client and “Establishing an emotional connection” (Maluccio, 1979, p. 62). He goes on to suggest that from this connection a bond is formed, one that is similar to the relationship with someone known for a long time.

Demeanour: This is a central concept to Rogers’ definition of congruence. Rogers (1996) refers to demeanour in relation to a therapists’ way of being. Participants in this study also referred to a therapists’ “Whole demeanour” (Participant Number Four, line 74) as a positive attribute. This is similar to Rogers’ view of demeanour as a facet that allows the core conditions to effect therapeutic change (Rogers, 1996).

Respect: This is a related concept to the central definition of congruence. When asked about congruence one participant said, “You expect to be respected. You’re...you’re going to someone trying to get some help when you’re at a low point so you want to put your trust in that person and you respect what they say and how you can help yourself so yeah I suppose it’s important” (Participant Number One, line 61). She added to this saying, “That you respect what...what you’re client’s going through I suppose and you respect their point of view but you also try to help them by erm...listening to their needs and say to what you think is the best course it’s also a mid-point between yourself and the counsellor” (Participant Number One, line 63). Another participant referred to respect saying, “Yeah; it’s about respect and it’s also about erm...respecting the individual’s experience” (Participant Number Three, line 68). In counselling, respect shares close links to unconditional positive regard and can be thought to be part of a meta-condition (Cornelius-White, 2007).

Understanding: This quality is a related concept to the central definition of congruence. One participant placed particular emphasis on this facet and wanted to speak about it in depth. For example she recounted, “I wanted to meet somebody who understood me” (Participant Number Three, line 56). This participant was Black Afro-Caribbean, however, as this research only included one participant of this ethnic origin, this finding does not claim to have cultural validity but may highlight an area for further investigation by using a wider and more diverse sample. Cooper et al., (2013) indicate the importance of a client feeling understood. Understanding is known as one of the core conditions referred to as ‘empathic understanding’ (Rogers, 1961) and can be considered part of a meta-condition (Cornelius-White, 2007).

Empathy: This quality is a related concept to congruence. In relation to empathy, one participant recounted, “I thought, yeah, I can see there’s gonna be an understanding, there’s gonna be an extra empathy of what it’s like to be erm you know, a black woman, really” (Participant Number 3, line 72). Another participant stressed the value of empathy, believing that it is more important than congruence. She said, “To me, to be a counsellor you’ve got to have some sort of empathy with people” (Participant Number One, line 110). Other researchers including Kohut (1984) and Cozolino (2010) refer to the importance of empathy in order to understand clients. However, Knox and Cooper refer to the overlap of congruence, empathy and unconditional positive regard referring to the core conditions as facets of single variable which contribute to ‘relational depth’ (Knox and Cooper, 2010). Similarly, the reference to empathy in relation to congruence can be viewed as an example of the core conditions being viewed as a meta-condition (Cornelius-White, 2007).

Self-disclosure: This quality is a related concept to congruence. Participants spoke of the benefits of their counsellors self-disclosing. For example, one participant recalled, “It was nice, it was interestin’ I think it brought...I know it sounds daft ‘cause it was one of the first weeks it sort of broke the ice, knowin’ that little bit more and bein’ able to relate” (Participant Number Four, line 106). Another participant also valued her counsellor self-disclosing, recounting, “I think when I felt her genuineness most ‘cause I felt it many a time, I think most is when she’s been talking about her experience with the other children” (Participant Number Three, line 100). Hill and Knox (2002) also found self-disclosure to be important and note the value of sharing which they found to be a form of congruence. Likewise, McLeod (2009) found that self-disclosure is valuable in contributing to the therapeutic alliance.

Trust: Trust is a related concept to congruence. One participant linked honesty to trust stating, “I think when they’re, when they’re honest, you can trust them and they’re genuine, it, it does make you trust them more and it makes you want, it does help you open up a little bit more” (Participant Number Three, line 68). Previous studies that have involved trust in the therapeutic relationship include a study using a self-report questionnaire carried out Peschken and Johnson (1997). The study involved 17 therapists and 48 clients and examined the Rogerian assertions that therapists’ trust in their clients underlies therapists’ experience of empathy, positive regard, unconditional regard and congruence in the therapeutic relationship. Peschken and Johnson found that there was partial support for the Rogerian assertions that therapists’ facilitative attitudes correlated with clients’ trust in their therapists. This finding is similar to the findings from my study as although trust was not mentioned by all participants, it did appear in the data.

Body language: This is a related concept to Rogers’ definition of congruence. One client referred to her therapist’s body language on more than one occasion. For example, she said, “She understood and body language as well – very open body language” (Participant Number One, line 214). Although reference to body language is not contained in the central definition of congruence, many including Seeman suggest that the definition of congruence should include reference to body language (Seeman, 2001). ‘Eye contact’ was also referred to by participants and coded under the label of ‘body language’. Although eye contact is not in the central definition of congruence it was referred to by one participant who stated the importance of her therapist conveying “Eye contact and very open body language” (Participant Number One, line 86).

Conveying emotion: This related concept appeared when one participant referred to her counsellor as, “Really genuinely upset for me” (Participant Number Four, line 90). Therapists conveying emotion is referred to by Jaffe who illustrates its significance in therapy and how this can benefit the therapeutic relationship (Jaffe, 2012).

Care: Although this facet does not fit the central definition of congruence, it is a related concept. When asked about congruence, one participant referred to care suggesting, “I think he was genuine, ‘cause he didn’t lie to me or didn’t appear to lie to me, seemed as if he was truthful, erm...he as if he cared” (Participant Number Five, line 117).

Competence: This facet is unrelated to the central definition of congruence. It includes references to a therapist being qualified or knowledgeable. This was referred to as important

by one participant who stated, “So you need to know properly if they’re qualified and able to do what they say they’re gonna do” (Participant Number Two, line 78). Lietaer also refers to the importance of knowledge, stressing that therapists need sufficient clinical aptitudes in order to assist clients (Lietaer, 2012). This participant referred to competence again later on in the interview, saying, that her therapist was “Very knowledgeable about the issues I was going with” (Participant Number Two, line 104).

In summary, connection (Knox and Cooper, 2010) and demeanour (Rogers, 1996) that are central to the definition of congruence were referred to by participants. Respect (Rogers, 1957); understanding (Brodley, 2012); empathy (Rogers, 1957); self-disclosure (Hill and Knox, 2002); trust (Cooper, O’Hara, Schmid and Wyatt, 2001); body language (Jaffe, 2012); conveying emotion (Jaffe, 2012) and care (Brodley, 2012) that are tangentially related concepts to the central definition of congruence were also referred to. Participants also considered therapist competence (Lietaer, 2012) to be important.

Figure 6 shows the code classifications according to Rogers’ definition of congruence:

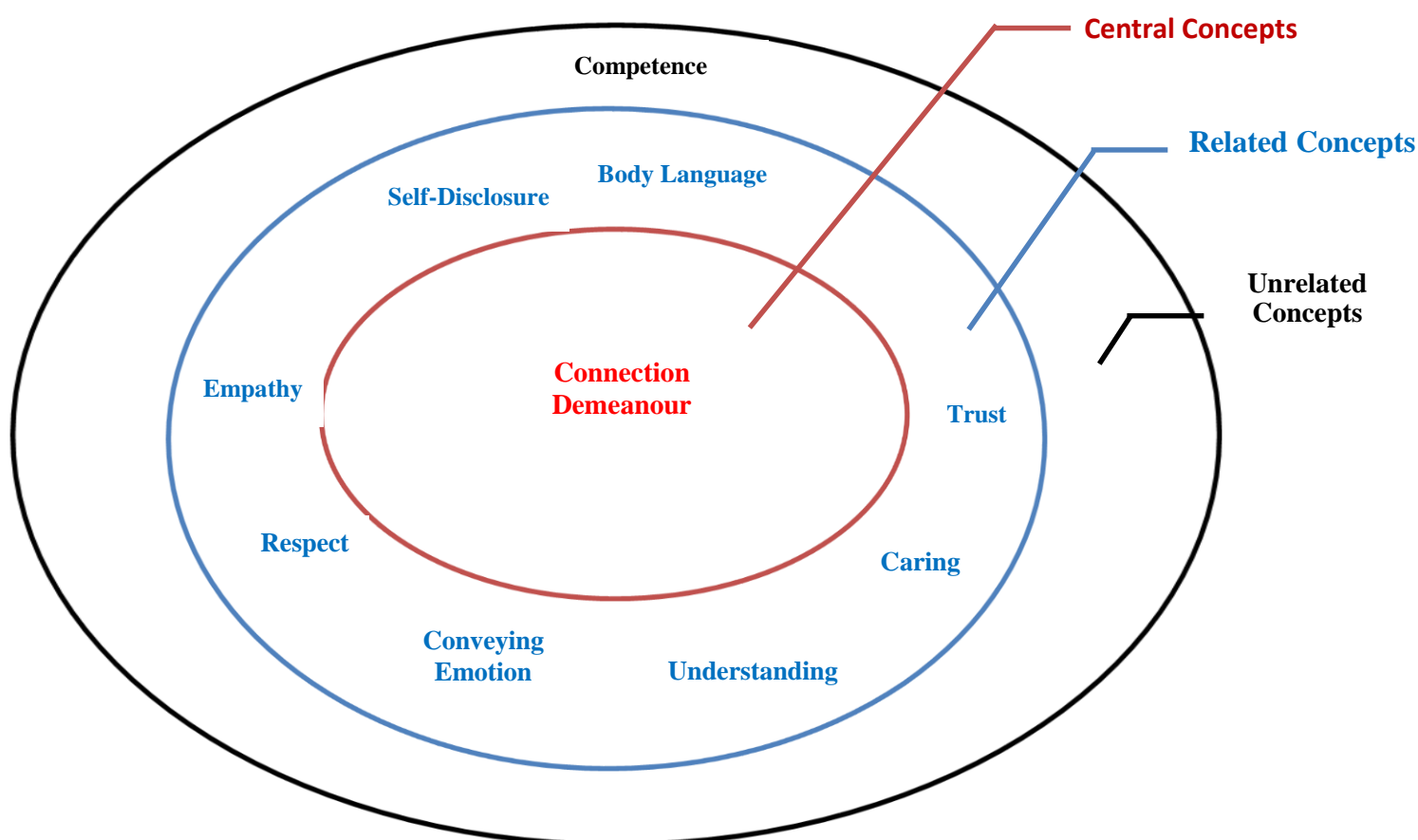


Figure 6: Code Classification According to Rogers’ Definition of Congruence

The final chapter, Chapter Six, is the conclusion of this study.

Chapter Six

Conclusion of Study

This final chapter contains five sections as follows: discussion; limitations; conclusion; dissemination and implications for practice.

6.1 Discussion

Counselling does not have a prescribed formula and the term is often used to describe a range of modalities which refer to a supportive, non-directive form of therapy (Cooper, 2008). When entering into a counselling relationship, clients are often unaware what type of therapy they are engaging in.

During the interviews, I was not aware of the large digressions from Rogers' definition of congruence, that is, 'genuineness, realness, authenticity' (Rogers, 1957), which could suggest that I was not appropriately controlling the interviewees. The definition was read out to participants on more than one occasion. As a practicing counsellor, training has taught me to follow what clients say. Rather than being directive, I listened attentively, hearing what I thought was valuable information. Despite being in the researcher role as opposed to that of the counsellor, this seemed an appropriate way of being and was in line with my personal perspective and belief in ethical appropriateness. Subsequently, a complex variable arose as the findings were not in line with Rogers' definition of congruence. Consequently, the results led me to consider four possibilities:

1. Participants did not understand what I was asking them, possibly due to semantics.
2. Participants understood what I was asking them however they wanted to speak about other qualities in their therapist in addition to referring to the central definition of congruence.
3. Participants had a wide understanding of congruence and that it was implied by proxy.
4. Participants' responses contained a mixture of the above three possibilities.

The first consideration is that due to semantics, when asked about 'congruence', participants did not understand me. It is possible that those outside the profession do not share the same definition, or levels of understanding of the technicalities of congruence and its value in therapy as those who are inside the profession, (although one person held a counselling qualification and one had counselling knowledge). The word 'congruence' is not as widely used as the terms 'honest' or 'genuine' and when I used the term, there were some hesitations and fillers uttered by participants, suggesting that they needed some thinking time to answer

(Fischer and Apostol, 1975). For example, one participant verbalised some confusion saying, “Genuineness within a counsellor, just basically I think it’s just that...they *genuinely* want to help you...it’s just I don’t know...” (Participant Number Four, line 72). Another participant suggested, “Erm and basically you’re just opening everything out to somebody that maybe you can’t talk to people about then you’re gonna have to feel safe” (Participant Number Two, line 66). This participant also referred to competence saying, “...And reassured that the person knows what they’re doing” (Participant Number Two, line 68). It is wise to consider, that during the research process I may not have made myself clear.

There are several definitions, understandings and ways to convey congruence which increases the possibility that participants may have been unable to put the phenomenon into words. As Haugh (2012) suggests, the alternative words used to define congruence have contributed to practitioners’ and theorists’ confusion of the concept. Wyatt agrees with Haugh, emphasising the need for individuals to “Find their personal meaning of congruence and to extend their understanding” (Wyatt, 2012, p. vii). Participants may have faced the same issue as practitioners, that is, a difficulty in understanding congruence; however, there is evidence to suggest that when this did occur, they asked me for clarification. For example, at one point during his interview, one participant asked me to explain, saying, “What do you mean by that?” (Participant Number 5, line 98). Another participant enquired, “How, what do you mean?” (Participant Number Three, line 120). As Grafanaki (2012) reminds us, congruence can be conveyed verbally or non-verbally depending on individuals’ perceptions, that is, whose point of view it is. In addition, as Ellingham (2012) suggests, differences in therapists’ facilitation with each client provides different results. In this case, it raises the possibility that it is not just the way that counsellors were with participants, but also the way that I conducted the research that will have influenced the findings (Polkinghorne, 1989). Indeed it is plausible to suggest that the research methodology contributed to the results, with my subjectivity serving as an additional influential factor.

In a Doctoral study using trainee psychologists Graham (2013) recognises the importance of subjective experiencing and highlights how, borne from variations in therapy practice and subjective experiencing, differences in discourse are produced. Graham used Foucauldian discourse analysis to understand how trainee counselling psychologists constructed values and ethics in counselling training and practice. He found that each discourse produced different experiences and the relationship between contrasting constructions of values and ethics appeared to have the largest impact on participants’ practice and subjectivity. Graham’s research however used service-providers of counselling and not service-users, yet

brings to my mind how the responses from participants and the results from this research will have been affected by factors such as: participants' subjectivity; the subjectivity of participants' therapists, and, my subjectivity. However, despite the involvement of subjectivity and contamination, it is unlikely that participants did not understand me. The evidence for this is as follows: although there were some hesitations prior to participants answering questions about congruence, these were relatively few; overall, participants did not appear confused at what I was asking; they all suggested that congruence was important for them in therapy and, they referred to the central definition of congruence at various points during the interviews. For example, when asked what her understanding of congruence was, one participant replied, "Genuine" (Participant Number Six, line 70).

The second possibility is that participants understood what I was asking them however they wanted to speak about other qualities in their therapist in addition to congruence. This emerged as a consideration due to several responses not being centrally related to the definition of congruence offered. The theoretical implications for this are interesting. For example, when asked about congruence, one participant referred to 'trust' saying, "You've got to build that trust to be able to tell them what's happening" (Participant Number Four, line 62). Another participant when asked about congruence spoke instead about 'understanding'. The exchange was as follows:

"How important do you believe congruence was?" (Researcher, line 92).

"It was the main thing" (Participant Number Six, line 93).

"Ok. Why do you say that?" (Researcher, line 94).

"Erm... because I felt she understood" (Participant Number Six, line 95).

Previous research has found that participants want to speak about other aspects of their therapist. This includes a study carried out by Klein et al., which showed that although congruence was probably effective, empathy and respect were valued more by clients (Klein et al., 2001). In another study, Burckell and Goldfried (2006) asked clients to describe the most important aspects of their therapy. Participants tended not to cite therapists' realness or openness as key elements, instead citing 'trustworthiness' as one of the most important characteristics. Trust was referred to in my study. For example, one participant stated, "When you're at a low point so you want to put your trust in that person and you respect what they say and how you can help yourself so yeah I suppose it's important" (Participant Number One, line 60). Another participant recalled, "She's a person that I could connect with, erm, I felt safe, I could trust her with information" (Participant Number Two, line 102).

When referring to congruence, one participant recounted, “I’d say she was pretty congruent throughout” (Participant Number One, line 146). This participant also used terms from the central definition of congruence, recounting, “I say she was genuine, she was honest and respected that I’d come to her for help” (Participant Number One, line 132). In short, at times participants spoke about the central definition of congruence, however at times they spoke about other qualities.

The third consideration is that due to the expansion of terms and definitions offered by participants, congruence may have been implied by proxy. Clinton offers the following explanation of proxy: “A proxy variable is a variable that is used to measure an unobservable quantity of interest. Although a proxy variable is not a direct measure of the desired quantity, a good proxy variable is strongly related to the unobserved variable of interest” (Clinton, 2007). In this study, all participants perceived congruence as important and the central definition was referred to by some. However, other qualities were also referred to by participants that are not in line with the central definition of congruence, for example, empathy, understanding and conveying emotion. From this, the consideration that participants were viewing the core conditions as facets of a single variable also emerged. For example, when asked about her understanding of congruence, one participant replied, “Genuine erm non-directive erm being yourself in the relationship really” (Participant Number Six, line 70). The term ‘genuine’ directly relates to the central definition of congruence as does ‘being yourself in the relationship’. However the term ‘non-directive’, despite its relationship to person-centred therapy does not directly correspond to Rogers’ definition of congruence. This consideration, that there are other qualities related to but not included in Rogers’ definition of congruence has been found in other studies (Gendlin, 1970; Mearns and Dryden, 1990; Cornelius-White, 2007; Brodley, 2012 and Mearns and Thorne, 2013).

As Clinton (2007) notes, a good proxy variable is strongly related to the unobserved variable, which in this study is fitting with congruence. Within this study, 14 codes emerged from the data. Of these codes, two were central to Rogers’ definition of congruence and four were unrelated. However, eight codes that were present in the data were related to the central definition. These were: respect; understanding; empathy; trust; self-disclosure; body language; conveying emotion and caring. These terms are arguably an indication of a good proxy variable, one which presents a strong relationship to the unobserved variable of interest. Although at times participants did not use the central definition of congruence, its presence cannot be dismissed without investigating the relationship with the proxy variable.

Hence, due to the majority of codes not being central to the definition of congruence but *related to* the definition of congruence, this could indicate that congruence is implied in this study by proxy.

The consideration that congruence may be present in this study by substitution is largely due to the recognition that a range of terminology was used when participants were asked about the concept. The first of these is ‘trust’. One participant spoke of trust stating, “Yeah, yeah because as well I think when they’re, when they’re honest, you can trust them and they’re genuine, it, it does make you trust them more...” (Participant Number Four, line 68). Although not contained in the central definition of congruence, trust is a related concept. Mearns and Thorne write about the need for a client to perceive their counsellor as being trustworthy and sincere. They suggest that in fact, in order to gain a client’s trust, “At times the counsellor must work very hard to be believed” (Mearns and Thorne, 2013, pp. 84-85). They go on to say that “If the client perceives the counsellor as duplicitous or insincere the therapeutic impact of congruence will be substantially lost” (Mearns and Thorne, 2013, pp. 84-85). This line of thinking implies that trust and congruence are interrelated; hence, if a client does not experience trust, congruence too fails to be experienced. As participants reported trust in their respective therapeutic relationships, it could therefore be argued that they were referring to congruence.

The second code that is related to but not central to the definition of congruence is ‘respect’. One participant spoke of respect stating, “Yeah; it’s about respect and it’s also about erm...respecting the individual’s experience” (Participant Number Three, line 68). Respect also has extensive links to congruence. Moreover, Mearns and Dryden suggest that congruence “Is not enough; it has to be accompanied by respect for the client” (Mearns and Dryden, 1990, p. 60). This implies that both congruence and respect must co-exist in order for either one to benefit the therapeutic relationship; moreover, it is evidence to suggest that by speaking about respect, participants were demonstrating congruence by proxy.

Participants also spoke of the related concept of ‘understanding’, with one participant placing particular emphasis on this. She stated, “I wanted to meet somebody who understood me” (Participant Number Three, line 56). Rogers advocates great importance on the need for individuals to understand the self in therapy. However, he suggests that it is necessary not just for the client to feel understood but for the therapist to understand himself or herself. Rogers suggests that counsellor self-knowledge enables a therapist to “Understand and be objective in regard to the clients’ problems” (Rogers, 1939, p. 283). Cooper et al., (2013) also

indicate the importance of a client feeling understood. Moreover, as a multipart facet, empathy and understanding are widely referred to as ‘empathic understanding’ (Rogers, 1961) and can be considered part of a meta-condition (Cornelius-White, 2007). In his early works, Rogers states, “Empathy is an accurate, empathic understanding of the client’s world from the inside” (Rogers, 1961, p. 284). ‘Empathy’ was coded in this study when, for example, one participant recounted about his therapist, “He emphasised with my situation” (Participant Number Five, line 90).

Similar to understanding, as a core condition, ‘empathic understanding’ has been widely documented in its links to congruence by those including Gendlin who talks of the similarity between the two core conditions of congruence and empathic understanding. Gendlin suggests that the two are impossible to separate and even went so far as to say that the two are “Exactly the same thing” (Gendlin, 1970, p. 549). Viewing empathic understanding and congruence as the same condition could provide evidence that when participants spoke of understanding they may have been speaking about congruence. Hence, as there is a strong link between empathic understanding and congruence, there could be argument to say that the quality and variable of empathy is evidence of congruence by proxy.

Participants spoke about their therapists ‘conveying emotion’. For example, one participant stated, “There was one time when she got very upset” (Participant Number Six, line 156). Another participant linked conveying emotion to genuineness, stating, “I think it’s surprisin’ how genuinely upset she got for me” (Participant Number Four, line 92). Rogers talks indirectly of conveying emotion when speaking about the importance of therapists being genuine. He states that the therapist should be “Freely and deeply himself...even in ways which are not regarded as ideal for psychotherapy” (Rogers, 1957, p. 97). He goes on to give the example of expressing fear, suggesting that if the therapist does not deny such feelings to his or her awareness, then “Congruence is met” (Rogers, 1957, p. 97). In this study, participants spoke of their therapists conveying emotion through physical and verbal manifestations (Rogers, 1957). It follows therefore, that the conveying of emotion could be a factor of congruence, hence a way in which congruence can be achieved. Showing emotion is complex and some aspects resulted in it being in the central definition of congruence; others resulted in it being a borderline concept.

Participants also referred to ‘caring’. For example, one participant stated, “I think he was genuine, ‘cause... he was truthful, erm...he as if he cared” (Participant Number Five, line 117). This participant also referred to his counsellor showing a “Genuine concern”

(Participant Number Five, line 90). Caring is not referred to in the central definition of congruence; however, it was discussed by Rogers who emphasised the need to express experience if it interrupts empathy and caring. He states, “When the therapist is feeling neither empathic nor caring, she must discover what the flow of experiencing is and must be willing to express that flow, whether it seems embarrassing, too revealing or whatever” (Rogers and Sandford, 1989, p. 1491). Using Rogers’ definition, if a therapist experiences ‘care’, they are experiencing a form of congruence, that of ‘expressing flow’ in the therapeutic relationship. It could therefore be argued that by speaking about care, participants were referring to an aspect of congruence.

‘Body language’ was also talked of by participants. For example, one participant referred to her therapist as having “Very open body language” (Participant Number One, line 214) and looking “Relaxed” (Participant Number One, line 66). Although not included in Rogers’ central definition of congruence, many authors, including Seeman believe that the definition of congruence should include reference to body language (Seeman, 2001). Brodley notes how clients can experience levels of congruence through body language far more than words, and that communicating congruence is primarily a non-verbal act (Brodley, 2001). This is potentially through traits such as eye contact, a relaxed nature and an open posture. It could therefore be argued that body language is a tangentially related concept, by which a client may experience a therapist as congruent through its sole use.

The final code which appeared in Question 18 is ‘self-disclosure’. This code was formed when participants described their therapists revealing information about their personal lives. Despite much of Rogers’ literature being opposed to therapists self-disclosing, participants viewed this facet as a positive. One participant spoke about her therapist’s self-disclosure stating “I think when I felt her genuineness most ‘cause I felt it many a time, I think most is when she’s been talking about her experience with the other children” (Participant Number Three, line 100). Another participant talked of her therapist sharing information about a topic they had in common. She stated, “We were talkin’ for about five or ten minutes just about animals and goin’ on about...nothing like secretively, but it was just a general bit of her life” (Participant Number Four, line 104). Hill and Knox (2002) note the value of sharing which they found to be a form of congruence. However, Mearns and Thorne refer to self-disclosure as a contentious issue and whilst it is not in the central definition of congruence, it can be argued that when a therapist is self-disclosing, she is being congruent by “Giving her genuinely felt response to the client’s experiences at that time” (Mearns and Thorne, 2013, p. 91). However, Yalom questions the purpose of self-disclosure and suggests it is questionable

whether it “Serves the client’s growth process” (Yalom, 1980, p. 414), that is, benefits the therapeutic relationship of which congruence is a part. A point to consider is that if self-disclosing serves clients’ growth processes and therapists choose not to do this, they could be construed as incongruent.

Being mindful of the opinions of previous researchers and examining the evidence from this research, it is wise to consider the suggestion that congruence is implied in this study by proxy. This research looks at ‘clients’ perspectives and experiences of congruence’. The concept of an ‘experience’ is complex in Rogers’ writings and is used to refer to “Something synonymous with the whole phenomenal field” (Brodley, 2012, p. 94). Rogers suggests that experiences include perceptions, thoughts, responses, sensations, feelings and personal meanings. He shares that when he is ‘experiencing’ he considers what “Is present in immediate awareness or consciousness...including memory and past experiences” (Rogers, 1959, p. 157).

As congruence may have been implied by representation, it is worth considering the notion of ‘embodiment’. This is a term used to describe thoughts, feelings and behaviours grounded in bodily interaction with the surrounding environment. Social psychologists Griffit and Veitch have traditionally been aware that people think, feel, and act inside their bodies. They discovered how sensory, motor, and perceptual processes influence thoughts, feelings, and behaviours (Griffit and Veitch, 1971). On a similar note, Wells and Petty found that people who nod rather than shake their heads are more likely to agree with a message (Wells and Petty, 1980). An increasing number of social psychologists are joining researchers in cognitive psychology, neuroscience, developmental psychology, and other disciplines to explore the embodiment of behaviour (Meier et al., 2012). Moreover, counselling psychologists are becoming more aware of embodiment in dialogue and illustrate how embodiment has often been identified by the use of metaphors such as ‘distant to’ - to describe a bad relationship, or ‘close to’ - to describe a relationship with an individual who we like (Meier et al., 2012). In this study, dialogue used by participants contains reference to ‘space’. When speaking about her counsellor, one participant suggested, “You’ve got to keep some sort of distance” (Participant Number Two, line 176). She went on to say, “Cause there’s a fine line, really...you don’t want to be too distant but then you don’t want to be too close because you don’t...you don’t want a friend” (Participant Number Two, line 178). By her use of metaphors, the way this participant describes thinking, feeling and behaving towards her counsellor is evidenced as embodiment according to Meier et al., (2012). Notwithstanding, this could be indicative that this participant’s positive reference towards her

therapist will have had an impact on the way she perceived and experienced her therapist's manner of congruence.

The consideration that congruence was implied by substitution could be construed as a desire to achieve a particular result, that is, that I forced the data. However, the proxy consideration came at a later stage. On the whole, all participants appeared to understand me and seemed clear of their responses. Although one participant had basic counselling knowledge and another was a qualified therapist, all participants both referred to, and moved away from, the central definition of congruence. This could suggest that in this study, both counselling professionals and non-counselling professionals used a variety of language in order to explain the concept.

There is however a fourth consideration: that the simultaneous interplay of the above three possibilities resulted in participants' responses being a combination of the above three considerations which are as follows: at times participants did not understand what I was asking them, however at times they did; and, they referred to the central definition of congruence in addition to talking about other things, that is, terms that were used as proxies for congruence. What is interesting is that when asked if congruence was important, no participants said 'no'; one participant responded with, "It was the main thing" (Participant Number Six, line 93). Another participant said, "Well I think it's really important that if you're going to go to somebody and open up things that are potentially gonna make you feel vulnerable or upset" (Participant Number Two, line 64).

Terms that fitted with the central definition of congruence include, "Genuine" and Honest" (Participant Number One, line 132). Other terms, although they did not fit the central definition of congruence, were related to it; for example, 'understanding' was used by participants on more than one occasion by Participant Number Three (lines 72, 85 and 102) and Participant Number Six (lines 102 and 150). Other terms did not fit with the central definition of congruence, nor were they related to it. These terms include 'knowledgeable', which was coded under the label of 'competence' and was suggested by Participant Number Two (line 104). During the course of the interviews, all participants referred to other qualities including 'understanding, respect' and 'care'. It is clear that participants valued a range of qualities in their therapists and were willing to speak about them.

Brodley (2012) refers to the core conditions and the ways in which they interlink. She supports Rogers' suggestion, that congruence should be given 'priority', yet recognises his

thinking that, “A part of congruence must be the experience of unconditional positive regard and the experience of understanding” (Rogers, 1959, p. 215). What is interesting is that in this study, several qualities referred to by participants relate to one of the core conditions. To illustrate, codes which emerged include: care; empathy; respect; trust and understanding. These are all terms which have been previously used to describe or define unconditional positive regard and empathy (Mears and Thorne, 2001). Moreover, if Roger’s line of thought is to be followed, the above qualities can be linked to either unconditional positive regard or empathy and can also logically be viewed as a part of congruence, hence, fall within its definition. This would counter the argument that congruence was present by proxy and instead suggest that congruence existed in its own right by a definition or indication as a result of its relation to the other two “Therapeutic attitudes” (Rogers, 1959, p. 215). However, participants did refer to the central definition of congruence, that is, their counsellor being ‘genuine’ in addition to experiencing ‘care’ (associated with unconditional positive regard) and ‘understanding’ (relational to empathy). Hence, it could be argued that participants were able to separate terms which link to the other two core conditions and did not necessarily view the three as a whole.

This study used thematic analysis, a form of narrative research which examines human experiences (Etherington, 2000), capturing complex, multi-layered and nuanced understandings to convey the lived experiences of others. Etherington talks of narrative inquiry and the construction of meaning; that is, how stories are constructed and negotiated between people and interactions. She talks of the importance of remembering that stories are reconstructions of a person’s experience that do not represent ‘life as lived’ but instead represent lives. She illustrates how the emphasis is on the co-construction of meaning between the researcher and the participant, that is, human beings as interpretive beings. Similarly, Gonçalves notes that “Human experience is not a search for truth but, instead, a never ending construction of meaning” (Gonçalves 2007, p. 108). Gonçalves talks about reality and truth, illuminating how clients’ self-reports can be inconclusive (Gonçalves, 1994). To illustrate, he provides narratives of experiences in the Sahara Dessert. Through these tales, he demonstrates that many versions of an experience may be true hence it is the responsibility of the professional to construct and discover the meaning of the narratives. In a research setting, the primary researcher who is an integral part of the data set is responsible for the construction of meaning, hence part of the process (Graffanaki, 1996). The primary researcher is also a tool of the data (Polkinghorne, 1989), a narrator whose task it is to deconstruct meaning (Gonçalves, 1994); epistemology is therefore paramount to both the approach and its results.

Gonçalves suggests that the primary researcher must use questions as a tool or “Existential framework based on the construction of alternative meanings” (Gonçalves 1994, p. 108). Gonçalves differentiates between two types of questions within the clinical and research settings. The first types of questions are those that require true or false statements; the second types are those that require demand for existential meaning (Gonçalves, 1994). In this study, Questions 16-18 required more than ‘yes, no, true’ or ‘false’ statements. They required the construction of meaning (Gonçalves, 2007). The construction of meaning is not afforded a one-size-fits-all method, particularly in the research setting. However, Gonçalves reminds us that such an objective may be achieved by using a range of therapeutic techniques, including: recalling; objectifying; subjectifying; metamorphosizing and projecting narratives (Gonçalves, 1994).

Qualitative methods and narrative inquiry are built around the epistemological belief that consciousness is the basis of all experience. However, it is recognised by those who include McLeod that reality is not represented by a single truth but instead by a multitude of possible interpretations (McLeod, 2003). Franklin also recognises the importance of truth, suggesting that in narrative therapy it is the therapist’s responsibility to deconstruct meanings and listen for other possibilities (Franklin, 1996). Narrative enquiry dates back to the work of Michel Foucault and is a tool which transforms to deconstruct the hidden meaning in the data (Kelly, 1998). It has the aim of reducing data to its root. The process contains five stages:

1. Select a work to be deconstructed.
2. Decide what the work is ‘saying’.
3. Identify within the reading a distinction of some sort - a convention of the genre to choose a duality, for example, in this study, the central or related concepts to Rogers’ definition of congruence.
4. Convert the chosen distinction into a hierarchical opposition by asserting that the text claims or presumes a particular primacy, superiority, privilege or importance to one side or the other of the distinction.
5. Derive another reading of the text, one in which it is interpreted as referring to itself. In particular, find a way to read it as a statement which contradicts or undermines either the original reading or the ordering of the hierarchical opposition.

(Morningstar, 1993).

At the time of data analysis it was not considered necessary to carry out deconstruction of the data alongside or in addition to thematic analysis. However, if I had carried out this process, it may have been realised sooner that although participants spoke about the central definition of congruence, this was not always the case. Deconstruction may have allowed me to be aware of what the text was *not* saying (Kelly, 1998).

In order to draw conclusions from this research, it is necessary to revisit the possibilities that were considered:

1. Participants did not understand what I was asking them, possibly due to semantics.
2. Participants understood what I was asking them however they wanted to speak about other qualities in their therapist in addition to referring to the central definition of congruence.
3. Participants had a wide understanding of congruence and that it was implied by proxy.
4. Participants' responses contained a mixture of the above three possibilities.

It is appropriate here to return to the consideration of 'congruence by proxy'. Bearing in mind the variety of language used by participants to describe congruence, it could be argued that many definitions contain some degree of substitution due to its subjective nature. From the 14 codes found, two are central to the definition and eight *relate to* the central definition of congruence, thus establishing a proxy variable which is strongly related to the unobserved variable (Clinton, 2007). Other studies have conveyed similar results. Seeman found that congruence to be a broad-based construct and found that includes: "Biochemical; physiological; perceptual; precognitive; cognitive; interpersonal and ecological aspects" (Seeman, 2001, p. 172). Haugh's research unravelled a variety of words used to define congruence, for example: genuine; integrated; open; aware, and transparent (Haugh, 2012).

In summary, this study used participants who had experienced three different models of counselling and asked them about their therapists' congruence. Overall, they appeared to understand what I was asking them and when they did not, they asked for clarification. When they wanted to refer to the central definition of congruence they did so. When they did not want to refer to the central definition they did not. They used terminology that was right for them. Participants spoke about concepts that were central to congruence, for example: 'connection' and 'demeanour'; related to congruence, for example: 'respect; understanding; empathy; self-disclosure; trust; body language; conveying emotion' and 'caring', and unrelated to congruence, for example, 'competence'.

To conclude here, having reviewed the transcripts and listened to the audio recordings, it is sensible to adopt the following position: due to the majority of codes being *related to* congruence, in this study, congruence was implied by proxy. Facilitative factors that were referred to by participants which are evidence of this are as follows: respect; understanding; empathy; self-disclosure; trust; body language; conveying emotion and caring.

6.2 Limitations

The limitations of this research begin with the pilot study. In the first instance, it is recognised that had further pilot studies been carried out, some of the study's weaknesses would have been avoided.

A major limitation is the sample size of the study. The chosen methodology was neither a randomised controlled trial requiring a large sample, nor a single case study. During the course of the research it appeared that six participants were sufficient in order to determine pattern recognition, develop codes and form themes, that is, the process of thematic analysis (Boyatzis, 1998). Having only six participants, of which just one was of a different origin (a Black Afro-Caribbean female), meant that external validity of the study in relation to cultural differences cannot be claimed. Another major limitation is that the small sample size decreases any opportunity to claim external validity and generalizability as it is not wide or sufficiently representative. Had there been a larger sample size these limitations may have been avoided.

Clearly the interview strategy had an effect on how participants responded. In addition, a complex variable arose in the data because some participants had experienced pure person-centred counselling, while others had experienced integrative therapy or CBT. Another limitation of the study is concerned with the flawed categories which were created at the time of data analysis. Combining the CBT and integrative categories is a significant weakness of the study, proving challenging due to the small sample size. Whilst some comparisons between person-centred therapy and CBT/integrative therapy have been found, these are tentative as it is recognised that substantial claims cannot be made.

It was not until mid-data-analysis stage when I realised that participants' perspectives of congruence were largely outside the central definition. Their definition was, in fact, wide, containing more words and phrases to demonstrate their understanding. This is different to studies carried out by Grafanaki and McLeod (1995, 2002) and Wong and Ng (2008) where

participants on the whole, focused on the central definition. At this stage, it was considered too late to open up the study and start collecting more data; moreover, there is no way of knowing if this had been done, whether or not it, and if so how, it would have influenced the findings.

Prior to the research interview, I could have chosen to show participants a video of a therapist being congruent and handed them a piece of paper containing Rogers' definition. In relation to the handling of interviews, McLeod (2003) refers to the importance of control, concentration and focus on the research question whilst in the interview process. I did not want to be overly controlling in the interviews nor direct or contaminate what people wanted to talk to me about. Instead I offered participants the opportunity to talk to me.

The study is limited in relation to its generalizability. For example, although more than one participant referred to the importance of experiencing their counsellor as 'caring', as the sample size was small, it was not possible to triangulate participants' perspectives. Moreover, as I was the sole researcher and used only one method of data-collection, it was not possible to engage in researcher triangulation or triangulation of methods.

The interviews were embedded within a person-centred discourse that is, a person-centred researcher asking open, non-directive questions in addition to generic closed questions. This may have influenced participants in some way and be perceived as a research limitation (Knox and Cooper, 2010). However, as it was the intention to offer participants the opportunity to speak freely about their therapy, this could be viewed positively.

Another limitation is the failure to code the term 'genuine'. Genuineness is a central concept of congruence. Rogers (1957) refers to this quality in relation to how a congruent therapist should be. Genuineness was not allocated a code due to it being within the central definition that was offered to participants. However, this is recognised as being a methodological flaw. Genuineness was referred to by one participant who had more sessions than others (100+) and, who appeared to have a greater understanding of what they perceived a congruent therapist to be. For example, she referred to a congruent therapist as, "Genuine erm non-directive erm being yourself in the relationship really" (Participant Number Six, line 70). Another participant also referred to genuineness, describing her counsellor as, "Very genuine" (Participant Number Four, line 118). Similarities between the terms 'genuineness' and 'congruence' are also recognised by Mitchell et al., (1977) and Lietaer (2001, 2012).

Further limitations include reliance on the self-report of participants as the only data-collection tool (similar to the study carried out by Grafanaki and McLeod, 2002). Using an additional tool, for example, a questionnaire would have been useful. However, this opportunity was not taken due to the thought that interviews alone would be sufficient. The study also lacked questions such as, ‘Did you ever experience you counsellor as incongruent?’ These are examples of what I consider to be missed opportunities and therefore study weaknesses.

The large amount of closed questions requires explanation. The interviews were weighted this way due to the belief that participants would find it easier to answer and that the responses would be easier to compare and code. However, it is recognised that the closed questions did not allow for fuller responses, hence they were limiting. This may have resulted in deeper information being compromised because participants did not have the opportunity to expand. By contrast, a larger amount of open questions may have provided a greater opportunity for a more in-depth thematic analysis. In addition, because much of the information from the closed questions was unrelated to the original aims, most of the results from these questions were irrelevant.

With hindsight, it is clear that Question 15 in particular had flaws. It was a closed question, asking if participants believed whether or not it is important to experience a counsellor as ‘congruent, genuine, honest, open, real and authentic’ (Rogers, 1957). This question could be viewed as leading and biased. However at the time it seemed necessary to give Rogers’ definition in order that participants could understand what I was asking them.

Responses were categorised according to Rogers’ definition of congruence (Rogers, 1961). A different light was shone on the research when it was brought to my awareness that participants’ definitions may have been wide. After giving this consideration a great deal of thought, the conclusion drawn is that in this study, congruence was implied in the data by proxy (Lietaer, 2002). This realisation illuminated that how a researcher interprets data is largely dependent on their perspective at the time of analysis. A further weakness is the failure to code ‘connection’ in the first instance; this was the result of oversight. Although it has been addressed, this was a methodological limitation in the data analysis of this study.

Another limitation is in relation to participant involvement in the data analysis. It is recognised that richer data would likely have been derived had I requested that participants comment or participate in the actual analysis. I chose not to do this because I did not want to

overburden participants. Knox and Cooper on the other hand did choose to send transcripts to participants thereby increasing the generalizability of their study (Knox and Cooper, 2010). A further consideration is in relation to deconstruction of the data. For example, had the five stage process (Morningstar, 1993) been carried out in addition to thematic analysis, the width of understanding that participants held about congruence may have been realised earlier. In addition, carrying out more interviews would have increased the generalizability of the study. Although second interviews were held in order to check the data, better use could have been made of these. These decisions are weaknesses in the study.

To conclude, this research reported on counsellor congruence from experiences of clients who had participated in face-to-face therapy. All participants had experienced being in the presence of their therapist. It is recognised that the results of this research are limited to face-to-face counselling and may not be transferable to mediums such as: telephone counselling; on-line counselling or therapy via Skype. Consideration in relation to the weaknesses of this study, including the flaws in the methodology has led to this study possessing several limitations. These flaws contributed to the difficulties in deriving conclusions from the research and had I been aware of them during the pilot phase, I could have conducted the study differently.

6.3 Conclusion

The four main aims of this study were as follows:

1. To critically consider the concept of congruence from the clients' perspective.
2. To determine whether or not clients experienced congruence from their therapists.
3. To contribute to the debate about Rogers' definition of congruence.
4. To offer a research informed perspective, relevant to a range of therapeutic interventions, of the nature and function of congruence in the counsellor-client relationship.

The four aims outlined for this research have been met. In relation to the first aim, clients' perspectives on congruence have been considered in depth. Participants spoke about facilitative factors such as: connection; demeanour; respect; understanding; empathy; self-disclosure; trust; body language; conveying emotion; care and competence. How participants viewed congruence does not match entirely with Rogers' perspective. This mirrors my concept of what congruence is: complex; multi-faceted and intricate.

In relation to the second aim, all participants reported that they experienced congruence from their therapists. It is understood that congruence was implied by proxy due to participants speaking mostly about factors that, not central to Rogers' definition of congruence however nevertheless are related. These factors are: respect; understanding; empathy; self-disclosure; trust; body language; conveying emotion and caring. These terms fitted into three categories: some that were in line with the central definition of congruence (Rogers, 1961); some that, although they were not central, were related to congruence and others that were unrelated to the central definition.

Regarding the third aim, this research has contributed to the debate about Rogers' definition of congruence by conveying clients' perspectives, hence challenging his thinking. The study suggests a broader understanding of the concept than that used by Rogers.

Finally, in relation to the fourth aim, the research offers an informed perspective, relevant to a range of therapeutic interventions, of the nature and function of congruence in the counsellor-client relationship. It does this by illustrating how clients understand congruence and how they deemed it of value in therapy.

Due to the wide variety of responses, the fact that participants expressed value in certain facets and, the frequency of certain responses occurring in the data, understandings in relation to what are 'Client Perspectives and Experiences of Congruence' have been reached. The sensible conclusion to adopt is that participants valued congruence in their therapists however they did not restrict themselves to Rogers' definition. Instead, they held a wide definition (Lietaer, 2002) and it was implied in the data by proxy, that is, by their use of terms that were representative of congruence.

It is interesting to note that there are several counsellor qualities that clients believe are important, for example: connection; demeanour; respect; understanding; empathy; self-disclosure; trust; body language; conveying emotion and caring. Participants also found therapists' competence to be important. These findings support similar studies. For example, Knox and Cooper found that in order for relational depth to occur, what was important was a therapist being 'real and honest' (Knox and Cooper, 2010). In a study which looked into the clients' experiences of relational depth, participants also cited the importance of their therapists being 'real' (McMillan and McLeod, 2006). In my study, one participant described her counsellor as "Real" (Participant Number Three, line 66) and "A real person" (Participant

Number Three, line 124). These terms used by participants were also used by Rogers to describe congruence (Rogers, 1961).

However there are some significant differences between my study and others. For example, when considering the therapeutic relationship, in the study by Knox and Cooper, participants described a lack of connection with their therapist (Knox and Cooper, 2010); they also described feeling “Misunderstood or unheard” (Knox and cooper, 2010, p. 27). However, their study may have been more sensitive to the ebb and flow of client/counsellor connection. Participants in my study referred to the opposite, that feeling understood was part of congruence, a connection. An example of this is when one participant said, “I felt it was a greater understanding, actually. Erm...and almost a connection really” (Participant Number Six, line 150). In this study, despite connection not being allocated a code, it is recognised that this facet was found to be important by participants.

For some, what was memorable was when their counsellor showed emotion. This supports Mearns’ and Thorne’s definition of congruence as, “A state of the counsellor’s being, when her outward responses to her client consistently match the inner feelings and sensations which she has in relation to the client” (Mearns and Thorne, 2013, p. 84). An important moment for others was when a therapist disclosed personal information. Interestingly, some participants spoke about their therapists’ body language and their counsellor looking open and relaxed. These findings however, would require further research to investigate whether they are clear indicators of congruence.

What I learned from participants was not what I was anticipating. My expectation was for them to provide me with terms closely linked to those used by Rogers. However, the lack of concepts that were central to Rogers’ definition (Rogers, 1961) is understood to be due to participants having a wide definition of the term (Lietaer, 2002). From the perspectives of those who had experienced person-centred therapy, congruence was associated with empathy and respect. However, from the perspectives of those who had received CBT or integrative therapy, congruence was associated with being caring, trustworthy, respectful and understanding the client. These results probably do not reflect a real difference between the three approaches as all participants perceived congruence as important; while some of their understandings were similar, others differed. This has led me to reach the conclusion that participants deemed congruence as both important and multi-faceted.

My Professional Doctorate and research project has been both demanding and rewarding. It is a journey in which I have developed as a practitioner and researcher. Although it was not a

main aim, a peripheral benefit from this study is that my own professional practice knowledge has been enhanced. It has enabled me to consider aspects which affect both my business and the counselling field as a whole, for example, what clients require from their therapists. It has allowed me to examine the factors which have contributed to my personal, professional position as a counsellor. I now understand much more about how clients view congruence and how important it is for them to experience it from their therapists.

This study found interesting results. It is distinctive because it gathered individual accounts of the lived experiences of those who experienced therapy as opposed to those who deliver therapy. It gave participants the opportunity to reflect on their perspectives and experiences of therapist congruence and considered these in relation to Rogers' definition. However, if the study was to be repeated, several improvements could be made; they include the following:

1. Conducting more than one pilot study and being more mindful of the findings.
2. Increasing the sample size.
3. Asking more open questions in order to obtain richer data.
4. Not separating categories.
5. Employing a scale to increase generalizability.
6. Enabling participants to participate in the analysis process.

I feel humbled to think of participants having come forward in response to my leaflet; they were willing to tell me about their therapy. I hope that readers will sense how privileged I felt listening to them recount their experiences to me (Maluccio, 1979). Whilst in the researcher role, I experienced feelings of curiosity coupled with excitement and mild anxiety. On reflection, I see my role as having been a receiver, translator and carrier of privileged information and a way of being which required a sensitive approach and respect towards participants. Moreover, I wanted to report accurately their truths (Gadamer, 2001) and make the best possible use of the study in relation to implications for future practice, both of mine and of other counsellors. In the section below, dissemination hopes are clarified.

6.4 Dissemination

I have already begun to disseminate the findings from this study to participants who wished to see the results (Appendix g for practitioners and Appendix h for clients). These leaflets are being circulated to others including members of BACP (of which at 31 March 2014 there were 42,003 members) in the hope that the information will reach audiences of: counsellors;

psychotherapists; trainers; supervisors and researchers. It is hoped that some counsellors may consider using the leaflets as an informal check-sheet or a self-evaluative measure to reflect on and consider their own practices. I also have the support of other counsellors to distribute the leaflets to various establishments, for example, GP surgeries, in order to allow clients to gain access to the information. This will enable past service-users to reflect on their relationships with their therapists and assist present or future service-users to consider whether they are experiencing their counsellor as congruent. A summary of what is contained in the leaflets is as follows:

- When asked about the importance of counsellor congruence, all participants deemed congruence as important. One participant suggested that she would not have continued with counselling if her therapist had not been congruent.
- Rogers' definition of congruence still has value in modern-day therapy. However, participants held a wider definition than that of Rogers.
- In addition to the qualities referred to by Rogers, participants referred to other therapist traits such as: respect; understanding; empathy; self-disclosure; trust; body language; conveying emotion, caring and competence.
- In order for therapists to be perceived as congruent, they must: ensure that clients perceive them as being: able to connect; positive in demeanour; trustworthy; respectful; understanding; empathic; capable of conveying emotion; caring; open in body-language, capable of self-disclosure where it will "Serve the client's growth process" (Yalom, 1980, p. 414) and competent.

McLeod informs us that there are a number of ways in which counselling research findings can be disseminated (McLeod, 2003). He suggests sending copies of research reports to key individuals, for example, editors of journals. He notes, "Academic and professional journals exist to make information available in the public domain" (McLeod, 2003, p. 38). I have already had information relating to my study mentioned in a BACP journal and e-mail contact I have had with BACP suggests that they would welcome such a paper for publication in CPR. The paper explores the links that the proxy variables share with Rogers' definition of congruence and identifies the main conclusions from this study; it also suggests recommendations for future more methodologically robust research. Publishing in CPR means that the findings can reach both experienced therapists, who may be able to self-evaluate and novice therapists who are less-skilled.

Within the next eighteen months I aim to conduct a workshop and give a conference presentation, exploring Rogers' definition of congruence and the proxy factors that were identified by participants. As congruence is a topic that requires precise instruction from a tutor to students, further education about the concept will hopefully allow trainees to become more accustomed to its application in practice. Hence, these assemblies will suggest ways of demonstrating the identified factors in a therapeutic setting. As Rogers' advocates, congruence is at the core of the therapeutic relationship (Rogers, 1951) and continual professional development is an ideal medium whereby this can be developed.

I am also interested in producing a 'how-to' guide for counselling students. This guide would contain tacit knowledge and learning about congruence from my professional perspective and from the perspectives of clients, which as a student I wish I had been able to access. The guide would also contain parts of this thesis which would provide education for learners. In short, these modes of dissemination, that is: the leaflets for clients and therapists; a journal article; a workshop; a presentation and a 'how-to' guide for students will hopefully provide knowledge that is useful to service-users and practitioners.

In relation to sub-groups of practitioners, as this study used participants who had taken part in three forms of therapy, it is hoped that the results will be of interest to more than one category of therapist. However, it is acknowledged that interest from counsellors and clients is unlikely to be on a large scale, resulting in a limited influence on practice. Notwithstanding, there is now new knowledge of how some people experience their therapists; knowledge which, prior to this research, was not available. In an attempt to advise and educate with research-based-learning, it is hoped that following this study, others may go on to add to and develop the conclusions found. Moreover, it is recognised that although these conclusions are modest, I am choosing to adopt a positive perspective, viewing the flaws of the study as learning opportunities. It is therefore recommended that this study should be seen as a pilot study for further research on counsellor congruence.

6.5 Implications for Practice

This research is concerned with practitioner enquiry; hence, it is important to consider the implications for counselling practice and the originality of this work. Consequently, this study should be seen as an initial investigation into clients' perceptions and experiences of therapist congruence affording a narrowing of the gap in the literature, albeit small.

In relation to future research opportunities this project has established a valuable starting point, namely, whether Rogers' definition of congruence has meaning for clients. However, participants offered an expanded and multi-faceted definition, implying congruence by proxy. Several aspects of the results in this project are due to the flawed methodology and small sample size. Consequently, what is recommended is further research that uses: a larger sample size; an in-depth analysis and a more robust methodology to further establish links with Rogers' definition of congruence and the following proxy variables: connection and demeanour (central themes), and: respect; understanding; empathy; self-disclosure; trust; body language; conveying emotion and caring (related themes), in addition to therapist competence (a non-related theme). An interesting line of future research may be that which investigates clients' experiences of congruence from a multi-cultural perspective, incorporating the analysis of: the definition; perception; effect and appreciation of congruence cross-culturally.

In line with my epistemological and ontological perspectives, this study has adopted an advocacy-based-lens (Hanson et. al, 2005). This is fitting due to my desire for social change in counselling practice and the provision for more empowered, research-informed counsellor-client interactions. This perspective undoubtedly influenced the methodology, method and findings of this research. Through a deductive lens it has allowed themes to be built in order to inform the question of what are clients' perspectives and experiences of congruence. By utilising the findings from this study, this research possesses the potential to change how counsellors are trained and supervised in practice (Hanson et. al, 2005).

Listening to clients' voices (Maluccio, 1979) can remind us how important counsellor qualities are. If a client believes that they are not experiencing their therapist as congruent, they have certain choices. As an ideal, it can be beneficial if this can be raised with the therapist. Such challenging where a client conveys explicit congruence can be very useful as it can strengthen the therapeutic relationship (Lietaer, 1993); however, it is unlikely that every client would choose to do this. Hence, in order to encourage counsellor and client congruence, McLeod (2003) suggests that it is helpful for clients to be aware of measurable symptom and complaint ratings (often referred to as Goal Attainment Scaling or GAS). Cheyne and Kinn (2001, 2001b) developed such a tool to allow clients to identify their needs and concerns with their counsellor whilst still in therapy. However, whilst therapists can offer the opportunity for client feedback, the ability of clients to access a felt-sense is required. What is more, it is the decision of the client whether or not to take such an opportunity to voice and be congruent (Maluccio, 1979).

Although Rogers' initially developed his concept of congruence as part of the client-centred approach, its strength and pedigree can be seen in its applicability in other therapies such as CBT and an integrative way of working. This is reflected in the outcome of this research: that congruence amongst other counsellor qualities has been found to be important by service-users and is wide and complex due to the various understandings of the term. Counsellor training programmes place emphasis on the therapist's need for congruence by offering education in areas that include self-awareness. This emphasizes that congruence is an important aspect of personal development.

As one of my hopes when embarking on the Professional Doctorate Programme was to enhance my professional knowledge, it feels relevant here to reflect on two perspectives: my learning, hence, the implications for my own practice, in addition to how this research can contribute to the practices of others. On a micro level, although the conclusions to this study are modest, the information gathered has been valuable to my working practice, for example, to learn what clients find helpful in a counsellor. This research has re-affirmed that clients are individuals who require a wide variety of qualities from their therapists. It has also highlighted that successful counselling is complex and that congruence is multi-faceted. This is reflected in the various proxies found in this study, for example, understanding, respect and trust. It has demonstrated that despite its antiquity, Rogers' definition of congruence is still valued by clients in modern-day therapy. My core belief as a practitioner and a client is that congruence in therapy is important. As a practitioner it is a driver in my practice and as a client I wish to experience it from a therapist. What I have learned from other counsellors' clients has been enlightening. For example, since the research process began, I have made more of a conscious effort to ask my clients whether they have experienced me as congruent and, if so, how, and, what they have found most helpful about their therapy. I have begun to offer clients the opportunity to write in a 'client comment' book. Some of their comments mirror my study findings, adding to what I have already learned; others are different. This confirms to me that a counsellor's way of being is important to clients, though in different ways and for different reasons.

On a macro level, there are two categories that may benefit from recommendations and a strategic direction. Firstly, though not necessarily foremost, it is hoped that this research can be of benefit to the counselling profession, particularly those who have a person-centred underpinning and work in a person-centred way. Secondly, it is hoped that this research will be useful for the client population.

This study has found that Rogers' definition of congruence has value for clients and they consider it to be important in therapy. One participant in particular went so far as to say that she would not have continued with therapy if she hadn't experienced her counsellor as congruent (Participant Number Three, line 48). The study also found that clients hold a wider, multi-faceted definition than that of Rogers: congruence is not solely about a counsellor being genuine, honest, real, authentic and open (Rogers, 1961). In addition to the definition of congruence offered by Rogers', several proxy factors must be borne in mind and demonstrated by therapists, in order for clients to perceive them as congruent. These factors include: trust; respect; empathy; understanding; body language; conveying emotion; caring and self-disclosure. This research therefore suggests that in order for counsellors to be perceived by clients as congruent, they must think beyond Rogers' definition. They must adopt and demonstrate factors that are related to but not included in the central definition, as, to the client population of this study, such factors are indicators of congruence. What is more, the failure to demonstrate proxy variables such as respect, understanding and empathy may result in a counsellor being perceived as incongruent by their clients.

Hence, the direction given to practitioners in order to avoid being perceived as incongruent is to ensure that clients perceive them as: trustworthy; respectful; empathically understanding; willing to convey emotion; caring and capable of self-disclosure. However, the recommendation is that therapists evaluate their way of being with service-users through client feedback, thereby enabling clients to voice what they consider to be important indicators of the successfulness of therapy. This consideration is perhaps more challenging when carrying out therapy online or by telephone as without physical presence it is difficult to gauge for example, emotion.

It would be helpful for the client population, to consider the leaflet for clients (Appendix h), and compare their own experiences with those who took part in the research. Clients should be aware of the benefits of having a congruent therapist and a future recommendation is that if they do not believe this is the case, they could take the opportunity to raise this with them. The client population should be aware of the expanded definition of congruence offered by participants in this study then evaluate whether or not those factors are important to them. Clients should be aware that this study has not intended to provide a new, alternative definition of congruence. It had the main aims of critically considering the concept of congruence from the clients' perspective and determining whether or not clients experience congruence from their therapists. It also aimed to contribute to the debate about Rogers' definition of congruence and offer a research informed perspective, relevant to a range of

therapeutic interventions, of the nature and function of congruence in the therapeutic relationship. Each service-user will have their own subjective, individualised definition of the concept and as such they should not believe this research to offer concrete conclusions on the topic. However, for the current and prospective client population, this study may be seen to offer interesting and educative findings based on the experiences of those who have previously experienced therapy.

When considering originality, it is necessary to evaluate this thesis in the context of those that have been written before it. There is a considerable lack of doctoral theses relating to counsellor congruence. This work holds originality in that as a doctoral degree it has not only explored counsellor congruence, but it has succeeded in doing so from the perspectives of service-users, who are arguably the most important predictors of opinions of what is successful therapy (Caskey et al., 1984).

This study prizes clients' viewpoints hence its originality is increased. It obtained descriptive, analytical and full accounts from independent participants of both genders and different age-groups, who had entered into therapy for a variety of presenting issues, and, who had experienced different therapeutic orientations; they all had a healthy CORE score. This is unlike that of Proud (2013) which: was limited to individuals aged 13-14; employed the same therapeutic model throughout, and, used a selective sample based on suitability for group work thereby reducing the fullness of description, depth and analysis of emotional experience. In addition, Proud included participants who showed abnormal hyperactivity levels, thereby raising ethical concerns. My study is also dissimilar to that of Ballinger (2012) whose findings have a loss of analytical depth due to their ambitious nature. My study afforded findings that may be used as a guide in future counselling relationships (Appendices g and h). The findings portray independent voices, analytical depth and participant verification - features absent in the studies by Moerman (2011) and Ballinger (2012).

This study is innovative because it offers insights into the lived experiences of clients. It provides the basis for meaningful examination of the counselling dynamic and assumptions concerning the role and impact of Rogers' definition of congruence. It has successfully met its four main aims: it has critically considered the concept of congruence from the clients' perspective; it has determined that clients experienced congruence from their therapists; it has contributed to the debate about Rogers' definition of congruence and, it has offered a research informed perspective, relevant to a range of therapeutic interventions, of the nature and function of congruence in therapy. In short, the study has provided an original contribution to knowledge and professional practice because of the following:

- It considers Rogers' perspective on congruence and focuses on clients' views on the concept.
- It adopts viewpoints that are valuable indicators of the successfulness of therapy, that is, those of clients.
- It offers the opportunity for service-users to speak about their perspectives and experiences of therapist congruence.

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<http://www.ebscohost.com/>

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Appendix a: Leaflet Inviting Participants

*Do you want to contribute to counselling knowledge?
Have you had therapy and want to talk about your
experience?*

*A doctoral study is being carried out and requires just a 1
hour interview about your counsellors' congruence. You
can help future clients and counsellors with their
'genuineness, openness and realness'*

To Participate, Please contact Pamela Savic-Jabrow on: 07951 692890

Or E-mail: Psavicjabrow@aol.com

I will appreciate your call. Identities are in confidence

**Interviews may be carried out 2 months after your therapy has ended yet no later than
6 months after your final session. Participants must be over 18**

Appendix b:

Participant Information Sheet and Consent Form

Project title: Client Perspectives and Experiences of Congruence

Dear Participant,

Thank you for taking the time to read this information which is being sent to you following your response to the leaflet inviting you to participate in research. You confirmed in our initial telephone conversation that you have had therapy with a qualified counsellor.

As the researcher, I am a Professional Doctorate Student at the University of Chester. The purpose of my study is to critically consider congruence from the perspectives and experiences of clients. Results from this study will hopefully have a positive impact on the counselling profession by informing practice.

You can help in this study by consenting to participate in a face-to-face interview. If suitable for you, the interview may take place at my practice address: 25 Old Whint Road, Haydock, St Helens, Merseyside, WA11 0DN. Alternatively, it can take place at a venue of your choice where sound-quality will not be affected by outside noises. The interview will be recorded using two Dictaphone Recording Devices. Your participation is voluntary and you may withdraw your consent at any time at which time the recording will be destroyed. No names or information that could identify you will be used in any publication or documentation arising from the research. The research interview will require a time involvement of approximately 60 minutes. After the interview you will be asked to participate in a further session one week later (by telephone if you prefer), which would involve you commenting on whether my understanding is an accurate account of what you said and whether you wish to add anything. The time needed for this is likely to be up to fifteen minutes.

The original recordings will be stored at my practice address in a locked filing cabinet. The tapes and transcripts will be held for a maximum of five years; after this time they will be destroyed. As this study is for a Professional Doctorate qualification, the findings will be written into a thesis. It is one of my hopes that in the future, a report on this study will be published online and in the CPR Journal (Counselling and Psychotherapy Research). If you would like to read the report, on its publication, I can post a copy to you.

If you wish to participate in this study, I will require you to complete the attached consent form. If you have any questions about this study please feel free to contact me Monday to Friday, 9am to 5pm on the following number: 07951 692890.

If you have any concerns or would like to speak to someone not involved in the study, you can contact The University's Human Research Ethics Committee on 01244 511000.

Regards,

Pamela Savic-Jabrow (Signature)

PAMELA SAVIC-JABROW (Name)

I have read the attached Participant Information Sheet and am willing to participate in research concerning client perspectives and experiences of congruence.

I agree to be contacted by telephone to arrange the face-to-face research interview:

Print name:

Tel: am or pm (please delete)

(Address for correspondence and copy of research report etc.):

.....
.....

Do you wish to receive a copy of the findings of the study? Yes or No (please delete)

If selected for the research would you like the interview to take place at my practice in Haydock – Yes or No? (please delete). If no, please give the address of where you would like your interview to take place

.....
.....

Signed: (Participant)

Date:

Please note: This document is the property of the Researcher and will be stored in a locked cabinet. As a participant, a copy will be sent to you prior to the research commencing.

In the event of me expressing concerns regarding the well-being of you or others, or you feel the need to access a counsellor after the research, details of assisting organisations are:

Samaritans
25 Clarence Street
Liverpool
Merseyside
L35 TN
Tel: 0151 708 8888
www.samaritans.org

or

British Association for Counselling and Psychotherapy (BACP)
BACP House
15 St John's Business Park
Lutterworth
LE17 4HB
Tel: 01455 883300
www.bacp.co.uk

The details of the University Ethics Committee are as follows:

The Ethics Committee, University of Chester, Chester, CH1 4BJ, United Kingdom

Appendix c: Contact Details of Research Supervisors

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Appendix d: **Additional Citers of Congruence**

The following is a list of additional citers of congruence which were considered yet are not cited in the thesis. The list is contained here in order to demonstrate the width of my reading prior to the write up of this thesis.

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Appendix e: **Core 10 Form**

**CLINICAL
OUTCOMES in
ROUTINE
EVALUATION**

CORE-10 V.1a

| | | |
|-----------------|--|--|
| Site ID | <input type="text"/> | Stage Completed S Screening R Referral A Assessment F First Therapy Session P Pre-therapy (unspecified) D During Therapy (review) L Last therapy session X Follow up 1 Y Follow up 2 |
| Client ID | <input type="text"/> / <input type="text"/> | |
| | letters only numbers only | |
| Sub codes | <input type="text"/> / <input type="text"/> / <input type="text"/> | |
| | Therapist ID numbers only (1) numbers only (2) | |
| Date form given | <input type="text"/> / <input type="text"/> / <input type="text"/> | Gender |
| | D D M M Y Y Y Y | <input type="checkbox"/> Male |
| | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="checkbox"/> Female |
| | | Age |
| | | <input type="text"/> |

IMPORTANT - PLEASE READ THIS FIRST

This form has 10 statements about how you have been OVER THE LAST WEEK.
Please read each statement and think how often you felt that way last week.
Then tick the box which is closest to this.

Please use a dark pen (not pencil) and tick clearly within the boxes.

Over the last week...

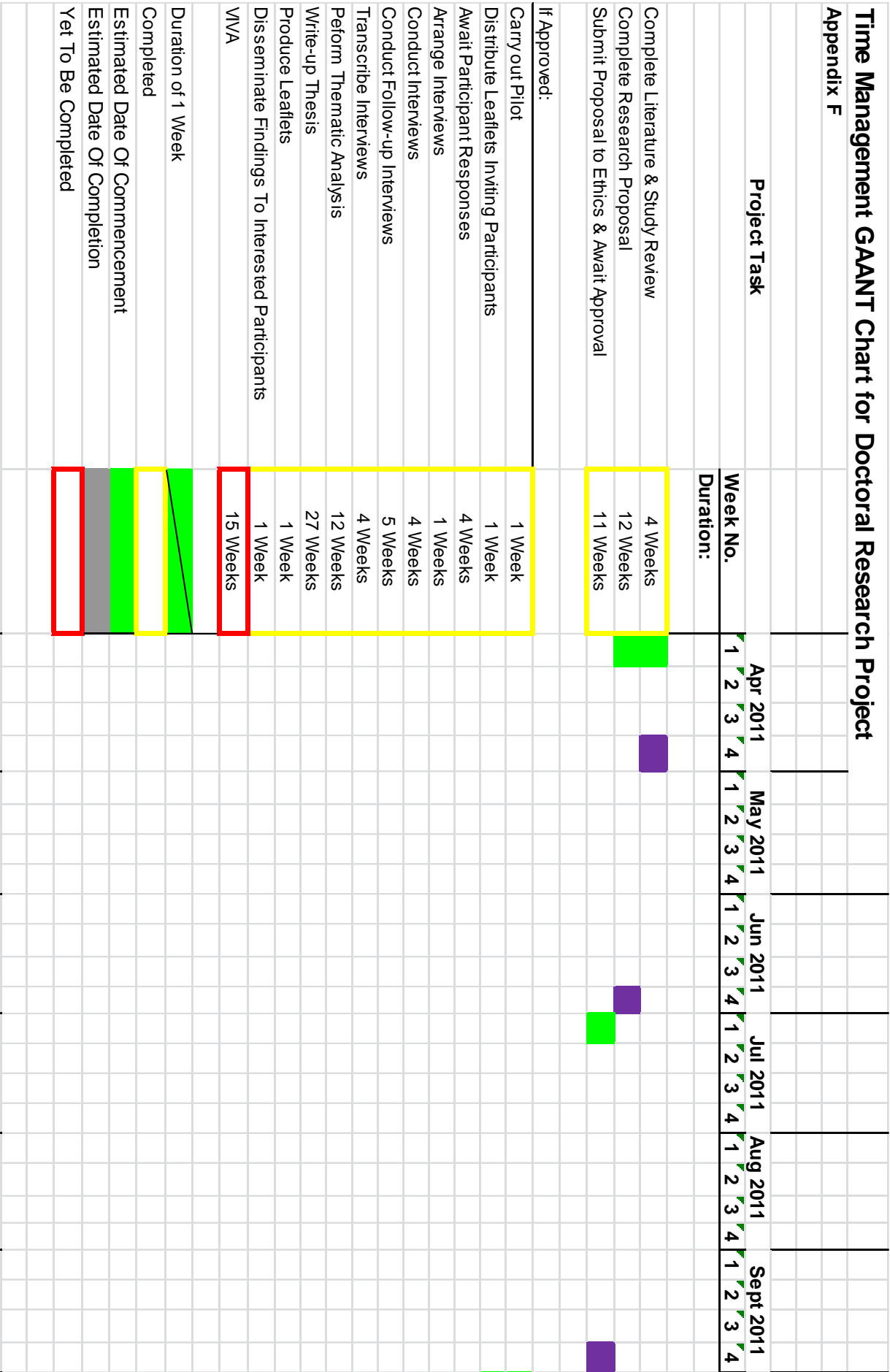
| | Not at all | Only occasionally | Sometimes | Often | Most or all of the time |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 I have felt tense, anxious or nervous | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 2 I have felt I have someone to turn to for support when needed | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| 3 I have felt able to cope when things go wrong | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| 4 Talking to people has felt too much for me | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 5 I have felt panic or terror | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 6 I made plans to end my life | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 7 I have had difficulty getting to sleep or staying asleep | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 8 I have felt despairing or hopeless | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 9 I have felt unhappy | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 10 Unwanted images or memories have been distressing me | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

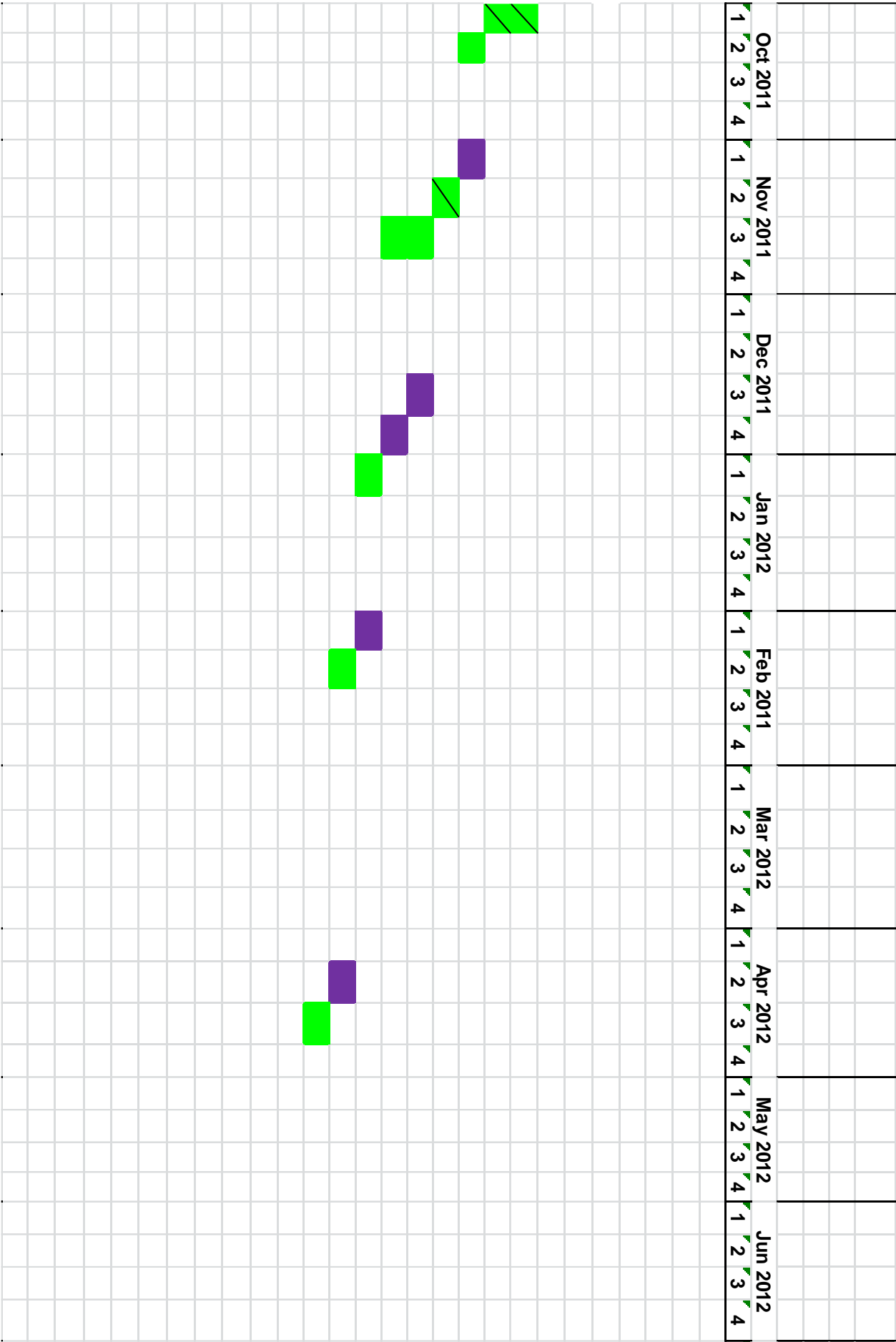
Total (Clinical Score*)

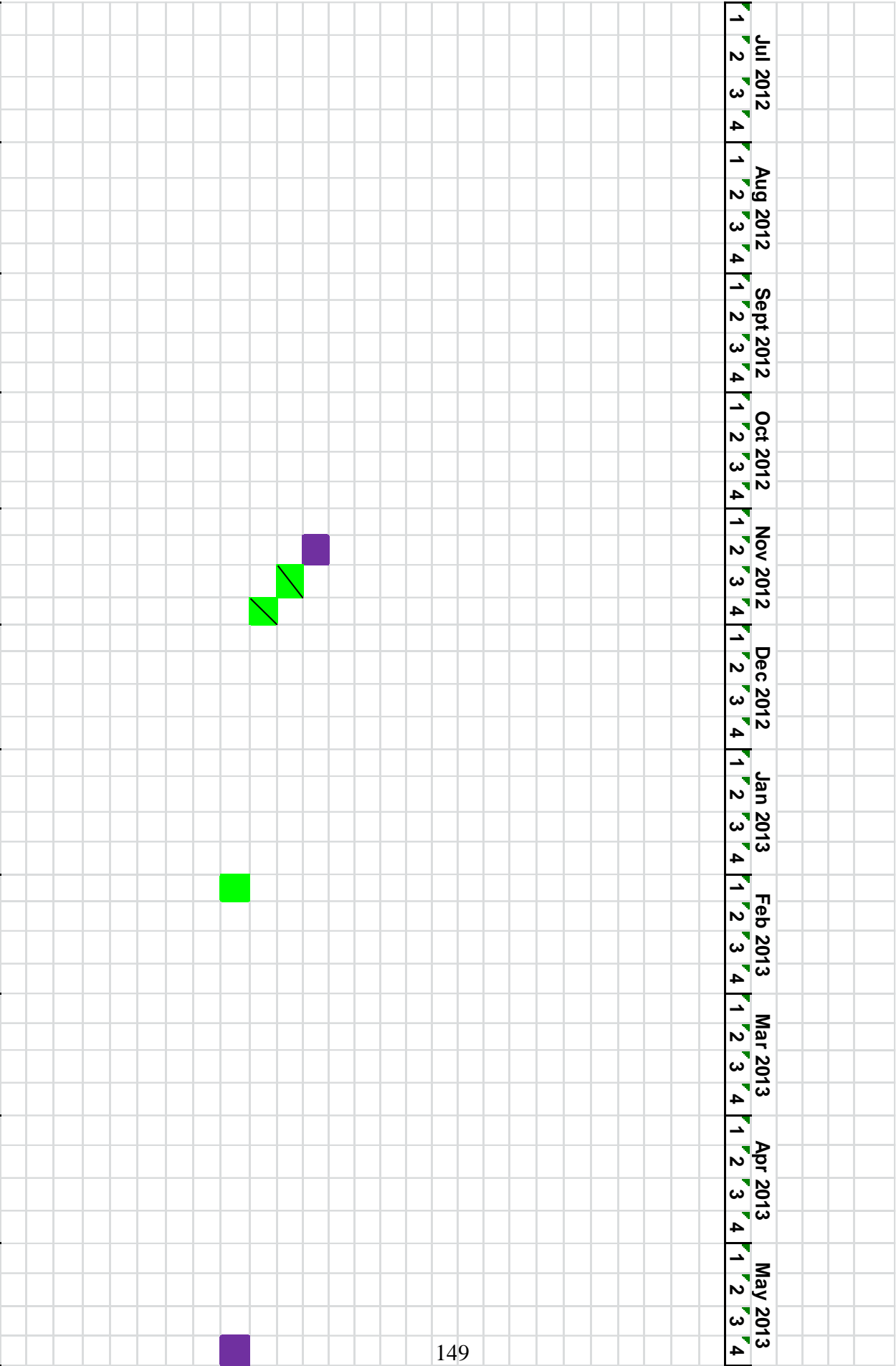
* **Procedure:** Add together the item scores, then divide by the number of questions completed to get the mean score, then multiply by 10 to get the Clinical Score.
Quick method for the CORE-10 (if all items completed): Add together the item scores to get the Clinical Score.

Thank you for your time in completing this questionnaire

Appendix f: Time Management GAANT Chart for Doctoral Project







Appendix g: Leaflet of Findings for Practitioners

Counselling practitioners: Are you interested in clients' perspectives and experiences of their therapists?

A small scale enquiry titled 'Client Perspectives and Experiences of Congruence' was carried out. The research aimed to critically consider the concept of congruence from the client's perspective and determine whether or not clients experienced congruence from their therapists. It contributed to the debate about Rogers' definition of congruence and offered a research informed perspective, relevant to a range of therapeutic interventions, of the nature and function of congruence in the counsellor-client relationship. The study employed semi-structured face-to-face and telephone interviews with six participants from two cultural backgrounds. Results revealed terms that were: central to; related to and, unrelated to Rogers' definition of congruence. Due to the majority of what was found (codes) being related to congruence, this led to the conclusion that participants held a wide definition of congruence, implied by proxy (as a substitute). Participants confirmed the value of congruence, suggesting that Rogers' theory, that is, that therapist congruence is necessary for positive growth to occur in clients, is important in counselling (Rogers, 1957). Congruence therefore cannot be described as an outdated theory or professional ideology but as a key concept that is prized and valued in modern day therapy.

Summary of Findings:

- When asked about the importance of counsellor congruence, all participants deemed it important for therapy. One participant said she would not have continued with therapy if her counsellor had not been congruent.
- Of the 14 codes found in the study, two were central to Rogers' definition of congruence, four were unrelated and eight were related concepts.
- Factors that were centrally related to congruence were: connection and demeanour.
- Therapist facilitative factors that were tangentially related to congruence were: respect; understanding; empathy; self-disclosure; trust; body language; conveying emotion and caring. Participants also referred to non-related facets such as therapist competence.

Guidance for Practitioners:

Practitioners are encouraged to evaluate their way of being with clients through client-feedback, enabling clients to voice what they consider to be important indicators of successful therapy. As a guideline, this study found that in order for therapists to be seen as congruent, they must ensure that clients perceive them as:

- | | |
|--------------------------------------|---------------------------------------|
| ✓ <i>Able to form a Connection</i> | ✓ <i>Having Relaxed Body Language</i> |
| ✓ <i>Having a Positive Demeanour</i> | ✓ <i>Conveying Emotion</i> |
| ✓ <i>Respectful</i> | ✓ <i>Having a Positive Demeanour</i> |
| ✓ <i>Understanding</i> | ✓ <i>Caring</i> |
| ✓ <i>Empathic</i> | ✓ <i>Competent.</i> |
| ✓ <i>Self-Disclosing</i> | |
| ✓ <i>Trusting</i> | |

Contact details: Psavicjabrow@aol.com

This research was carried out by Pamela Savic-Jabrow for the award of Professional Doctorate

Leaflet produced: April 2015

Appendix h: Leaflet of Findings for Clients

Are you currently having or considering Person-Centred, CBT or Integrative Therapy?

Do you know if your counsellor is congruent?

A small scale study titled ‘Client Perspectives and Experiences of Congruence’ was carried out. The research looked at the concept of congruence, which was defined by Rogers as “Genuine and without front or façade” (Rogers, 1961, p. 61). The research aimed to critically consider the concept from the client’s perspective and determine whether or not clients experienced congruence from their therapists. It contributed to the debate about Rogers’ definition of congruence and offered a research informed perspective, relevant to a range of therapeutic interventions, of the nature and function of congruence in the counsellor-client relationship. The study used semi-structured face-to-face and telephone interviews with six participants from two cultural backgrounds. Results revealed terms that were: central to; related to and, unrelated to Rogers’ definition of congruence. Due to the majority of what was found (codes) being related to congruence, this led to the conclusion that participants held a wide definition of congruence, implied by proxy (as a substitute). Participants confirmed the value of congruence, suggesting that Rogers’ theory, that is, that therapist congruence is necessary for positive growth to occur in clients, is important in counselling (Rogers, 1957). Congruence therefore cannot be described as an outdated theory or professional ideology but as a key concept that is prized and valued in modern day therapy.

What does this mean for clients?

- All participants deemed congruence importance for therapy. One participant said she would not have continued with therapy if her counsellor had not been congruent.
- Participants held a wide definition of congruence. Their definitions included terms that were central to Rogers’ definition of congruence, unrelated and related to Rogers’ definition.
- Factors that were centrally related to congruence were: connection and demeanour.
- Therapist facilitative factors that were tangentially related to congruence were: respect; understanding; empathy; self-disclosure; trust; body language; conveying emotion and caring. Participants also referred to non-related facets such as therapist competence.

Guidance for Clients:

Clients are encouraged to evaluate their therapists’ way of being and to exercise their voices about what they consider to be successful therapy. If, as a client, you do not feel your therapist is congruent, you are encouraged to speak to him/her about any concerns. As a guideline, this study found that in order for therapists to be seen as congruent, they must ensure that clients perceive them as:

- | | |
|--------------------------------------|---------------------------------------|
| ✓ <i>Able to form a Connection</i> | ✓ <i>Having Relaxed Body Language</i> |
| ✓ <i>Having a Positive Demeanour</i> | ✓ <i>Conveying Emotion</i> |
| ✓ <i>Respectful</i> | ✓ <i>Having a Positive Demeanour</i> |
| ✓ <i>Understanding</i> | ✓ <i>Caring</i> |
| ✓ <i>Empathic</i> | ✓ <i>Competent.</i> |
| ✓ <i>Self-Disclosing</i> | |
| ✓ <i>Trusting</i> | |

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This research was carried out by Pamela Savic-Jabrow for the award of Professional Doctorate
Leaflet produced: April 2015

Appendix i: **Synthesis Table**

Synthesis Table:

This table provides an indication of some previous research papers which influenced my decision to carry out this study

| TITLE, AUTHOR & YEAR | STUDY AIMS | SAMPLE | METHODOLOGY | FINDINGS INCLUDE |
|--|--|--|--|---|
| Client and counsellor narrative accounts of congruence during the most helpful and hindering events of an initial counselling session, Grafanaki & McLeod, 1995 | To explore the processes occurring during moments of congruence/incongruence | 26 year old male client and a 36 year old male counsellor, both Asian | Qualitative study to obtain narrative accounts using brief structured recall | During the hindering event both participants were incongruent; during the helpful event both participants were congruent |
| Experiential congruence: qualitative analysis of client and counsellor narrative accounts of significant events in time-limited therapy, Grafanaki & McLeod, 2002 | To explore ways in which congruence is experienced during significant moments of therapy | 6 clients and 6 therapists | Cases of therapy were analysed using narrative analysis | Participants experienced congruence in a variety of ways suggesting the construct does not describe a unitary phenomenon. Congruence was experienced as simultaneously intrapsychic and relational |
| A qualitative and quantitative study of psychotherapists' congruence in Singapore. Wong & Ng, 2008 | To understand psychotherapists' congruence | 11 Satir-based Singaporean Chinese therapists | A mixed-methods study using a phenomenological methodology to explore the phenomenological world of therapists with regard to their lived experience of congruence in their personal lives, how congruence is used in psychotherapy and how therapists can enhance their level of congruence | Correlations among intrapersonal, interpersonal and transpersonal levels of congruence; significant correlation between intrapersonal congruence and interpersonal congruence; significant correlations between overall congruence and interpersonal congruence with self-esteem and life satisfaction; correlations between intrapersonal congruence and self-esteem |
| The relation among the relationship conditions, working alliance, and outcome in both process-experiential and cognitive-behavioural psychotherapy, Watson & Geller, 2005 | To investigate the relation among clients' ratings of the relationship conditions (relationship inventory- RI), outcome and working alliance (working alliance inventory - WAI - A.O. Horvath & L. Greenberg, 1989) in cognitive-behavioural and process-experiential (P.E.) psychotherapy | 66 clients who had participated in a comparative treatment study on depression | Use of the WAI and the RI were used to examine relationships | No significant differences between PE therapists and CBT therapists in terms of unconditional acceptance and congruence however empathy was significant |

| TITLE, AUTHOR & YEAR | STUDY AIMS | SAMPLE | METHODOLOGY | FINDINGS INCLUDE |
|--|--|--|---|---|
| Clients' perceptions of helpful experiences in counselling, Paulson, Truscott & Stuart, 1999 | To determine what clients experience as helpful in counselling | 36 Clients who had completed counselling after an average of 11 sessions | A methodological approach, using concept mapping which combined qualitative and quantitative strategies to clarify the scope and interrelations among elements of the retrospective experience of helpfulness | 5 Thematic clusters consistent with previous research were identified: counsellor facilitative interpersonal style; counsellor interventions; generating client resources; new perspectives and client self-disclosure. Four new thematic clusters were also identified: emotional relief; gaining knowledge; accessibility and client resolutions |
| Between-therapist and within-therapist differences in the quality of the therapeutic relationship: effects on maladjustment and self-critical perfectionism, Zuroff, Kelly, Leybman, Blatt & Wampold, 2010 | To determine the therapeutic outcome and patient-reported measure of Roger's conditions | 157 depressed outpatients treated by 27 therapists | Multilevel modelling | Patients whose therapists provided high average levels of the perceived Rogerian conditions experienced more rapid reductions in overall maladjustment and depressive vulnerability |
| Therapeutic ingredients in helping session episodes with observer-rated low and high empathic attunement: a content analysis of client and therapist post-session perceptions in three cases, Vanaerschot & Lietaer, 2007 | To investigate the relationship between helping session episodes with different levels of empathic attunement and the therapeutic ingredients as experienced by client and therapist | 3 Females in their 30s who sought psychological help at the Counselling centrum and 3 trained, experienced female therapists –2 client-centred/experiential and one psychoanalytical | Use of the theoretical micro-model of the empathic interaction process | No specific class of empathic helping episodes was found however different levels of empathic attunement represented different phases within the global empathic interaction process |
| Therapist and client trust in the therapeutic relationship, Peschken & Johnson, 1997 | To examine the Rogerian assertions that therapists' trust in their clients underlies therapists' experience of empathy, positive regard, unconditional regard and congruence in the therapeutic relationship | 17 Therapists and 48 Clients | Participants involved in on-going individual psychotherapy completed self-report questionnaires | Partial support for the Rogerian assertions was found; therapist trust in their clients correlated positively with therapist ratings of the facilitative conditions and client ratings of their therapists' facilitative attitudes correlated with clients' trust in the therapists. However, therapist ratings of trust and the facilitative attitudes did not show the expected correlations with client ratings of the same measures |

| TITLE, AUTHOR & YEAR | STUDY AIMS | SAMPLE | METHODOLOGY | FINDINGS INCLUDE |
|---|--|--|---|---|
| Congruence in client-counsellor expectations for relationship and the working alliance, Al-Darmaki & Kivlighan, 1993 | The relationship between congruence in client-counsellor expectations for relationship and ratings of working alliance | Participants from 25 counselling dyads | Participants completed revised versions of the Psychotherapy Expectancy Inventory (J.I. Berzinz, 1971) and the Working Alliance Inventory (A.O. Horvath & L. Greenberg, 1989) after the 3 rd session | Correlational analyses showed that counsellor expectations for the relationship were related to counsellor working alliance ratings and that client expectations for the relationship were related to client working alliance ratings. Analyses showed that congruence in expectations for the relationship was related to most aspects of counsellor and client working alliance ratings |
| Counsellor behaviours that predict therapeutic alliance: from the client's perspective, Duff & Bedi, 2010 | To relate specific counsellor behaviours that relate to the therapeutic alliance | 79 Adults | To examine the relationship between 15 client-identified counsellor behaviours and the strength of the therapeutic alliance | Correlational analyses showed that 11 of the 15 behaviours moderately to strongly correlated with the strength of the alliance and hierarchical regression analyses found that 3 particular counsellor behaviours – making encouraging statements, making positive comments about the client and greeting the client with a smile) accounted for 62% of the variance in alliance scores |
| Congruence of counsellor self-disclosure and perceived effectiveness, Nyman & Daugherty, 2001 | To rate counsellors on expertness, trustworthiness and attractiveness | 67 College students | A single-client statement varied across the 2 transcripts; one contained a congruent counsellor self-disclosure (counsellor disclosure after client disclosure) and the other included an incongruent self-disclosure (counsellor disclosure without client disclosure) | Participants in the congruent group reported a more favourable total perception, a higher attractiveness perception and a desire to choose the counsellor than did participants in the incongruent group |
| The relationship between counsellor interpersonal skills and the core conditions of client-centred counselling, Gallagher & Hargie, 1992 | To determine whether there is a systematic relationship between Rogers' (1957) conditions of empathy, acceptance and genuineness and counsellors' use of specific behaviours or skills | 12 Counsellors | Counsellors were video-recorded to determine their 'naturalistic' counselling interactions. Skill assessment included ratings of 8 skill areas and measures of 29 behaviours | Results showed there were few significant relationships and there is a discrepancy between specification of skills/behaviours which are thought to communicate the core conditions and those which have been demonstrated to do so |

| TITLE, AUTHOR & YEAR | STUDY AIMS | SAMPLE | METHODOLOGY | FINDINGS INCLUDE |
|---|---|---|--|---|
| Therapeutic presence: therapists' experience of presence in the psychotherapy encounter, Geller & Greenberg, 2002 | To compose a working model of therapeutic presence | 7 Therapists with a minimum of 10 years experience who had an active therapy practice | A qualitative study conducted with therapists who had written about presence and its importance in psychotherapy. Therapists were provided with a description of presence extracted from the literature and asked to reflect on their own experience of presence over the next few sessions with clients. Therapists were then interviewed and audiotaped. Transcripts were interpreted according to a method that combined condensing and categorising meaning, (Kvale, 1996) | Results included the emergence of 3 domains: preparing the ground for presence – pre-session and general life preparation; the process of presence, activities the person is engaged in when being therapeutically present and actual in-session experience of presence – relational to Rogers' conditions of empathy, congruence and unconditional positive regard |
| The real relationship inventory: development and psychometric investigation of the client form, Fuertes, Gelso, Kelley & Marmarosh, 2010 | To report on the development and validation of a client version of the Real Relationship Inventory (RRI-C) | 94 Clients in psychotherapy | A mixed-methods study which evaluated a 24-item measure that consisted of 2 subscales – realism and genuineness | Results offered initial support for the validity and reliability of the RRI-C. The scale correlated in theoretically expected ways with measures of the client-rated working alliance and therapists' congruence, clients' observing ego and client ratings of client and therapist real relationship |
| Significant events in psychotherapy: an update of research findings, Timulak, 2010 | To provide an overview of the significant events research conducted, the methodology used together with findings and implications | No participants used other than the Researcher who searched PsychInfo database | Keywords e.g. significant events, important events, significant moments, important moments and counselling/psychotherapy were searched to determine important moments in therapy | The identification of 41 primary studies that used client-identified significant events as a main/secondary focus of the study. The impacts of helpful events reported by clients are focused on contributions to therapeutic relationship and to in-session outcomes. Hindering events focus on some client disappointment with the therapist or therapy. |

| TITLE, AUTHOR & YEAR | STUDY AIMS | SAMPLE | METHODOLOGY | FINDINGS INCLUDE |
|---|---|---|---|--|
| With feeling: writing emotion into counselling and psychotherapy research, Lewis, 2008 | The study formed part of a larger study of the professional identity of social workers as counsellors and psychotherapist and the development of their practice-based wisdom. To explore social workers' narratives about critical incidents in their practice with particular reference to analysing the emotional experience of practitioners, and the emotional response of the researcher | 18 Clinical social workers practising in diverse roles as counsellors, family therapists, psychotherapists and psychoanalysts | Information sheets were mailed out to participants who were then interviewed in an empirical study to examine how practitioners subjectively experience and describe their professional identity and what influences their practice | Revealing the researcher's identificatory processes, resulting from participants' narratives leads to a more truthful and accountable description of data collection and analysis in qualitative research and highlights how the researcher co-constructs the data during data collection and analysis |

Appendix j: **Transcripts of Research Interviews**

Interviews Pilot through to Participant Number Six

Pilot

Pam (P) interviewing Cara (C) Face-to-face

CORE Form filled in: Score 8

CONSENT Form filled in. Participant would like a copy of the research findings

1. P Ok Cara well thank you for taking part in this, my research on congruence. As we've talked, it's a pilot study so basically it's just to test that the format I'm using for the questions is right for my research interviews to be included in my study
2. C Yep
3. P Ok. So we know that you are female (relational to Question 1)
4. C Yep
5. P How old are you, please (relational to Question 2)
6. C Forty-one
7. P And your nationality (relational to Question 3)
8. C Er British
9. P Ok so White British
10. C Yep
11. P Ok. So they're generic questions. In terms of the counselling that you had, how many sessions did you have? (relational to Question 4)
12. C 'Twas 3 or 4
13. P Ok and when did your therapy start? (relational to Question 5)
14. C June
15. P Ok. When did it end? (relational to Question 6)
16. C Over to end of July
17. P Ok. Do you know what kind of counselling it was? (relational to Question 7)
18. C It related to marriage breakdown...erm (pause) but I think the counselling was just a general counsellor, covering a lot of different aspects
19. P Ok. Ok, so although it was for a specific issue
20. C (intercepts) Yeah
21. P...You're saying that there were different types of therapies do you think mixed into it?
22. C Yep
23. P Do you remember if it had a name or not?

24. C No

25. P Ok. Ok. Was the counsellor male or female? (relational to Question 8)

26. C Female

27. P Ok and approximately how old was she? (relational to Question 9)

28. C (Pause) er (pause) I'd say about 24

29. P Ok. Ok, so did you choose the counsellor yourself or was she designated to you via an organisation? (relational to Question 10)

30. C No I chose. I chose myself. I think I was given the number by someone

31. P Right. And did you have to pay for the counselling? (relational to Question 11)

32. C Yeah

33. P Ok. Right so before you went to see this lady, did you have any previous professional knowledge of counselling? (relational to Question 13)

34. C No

35. P Ok. Now, main question. The research is on congruence. So that – I'm defining that as genuineness, honesty, openness, realness and authenticity; that's what we see in counselling textbooks. Do you believe that it's important for yourself as a client to have experience their counsellor as congruent? (relational to Question 15)

36. C (pause) Yeah

37. P Ok. So how would you translate the term, congruence? I know I've given quite a spiel there on how as a counsellor we would translate it. Erm...how would you understand congruence? (relational to Question 15)

38. C I suppose er – ex-experience as well

39. P Ok

40. C And that –you know, that you come away thinkin' that you know she knows she knows what she's talkin' about, that she can do 'er job basically

41. P (pause) Ok...I'm writing this down, I know I've got the tapes on but just incase the tapes don't work ...it's the first time

42. C Yep

43. P Right. Ok, so did you perceive this counsellor, this lady that you went to see to be congruent? (relational to Question 16)

44. C Yeah in so much as her personality and her genuineness and her honesty. But erm lookin' back I'm not sure about her experience (pause). I got a feeling that she'd not had many clients but that – I could be totally wrong there

45. P Ok. So you're uncertain about her capability

46. C Mm yeah, yeah

47. P Ok. Alright. Is there any particular moment more than others in relation to her genuineness or her honesty; is there anything that sticks out as a memorable moment?

48. C Erm; I just think that overall I didn't feel that I got a lot back from her in terms of talkin' an' I know counsellin' is supposed to be about you doin' a lot of the talkin' but I did feel that she did struggle to know what to say to me

49. P Right, ok

50. C...In response to things I was sayin'

51. P It sounds quite uncomfortable that, really

52. C Yeah, yeah (pause). But obviously I know that a counsellor's there to listen as well but I think that maybe I expected answers – not answers, but more kind o' like I suppose, help really

53. P Right, ok

54. C I thought it was more just a listenin' process

55. P Right, ok. It sounds like it was a particular – I wasn't sure at first but it sounds like counselling which is where the focus is on listenin'

56. C Yep

57. P...It sounds as if you're saying you wanted direction

58. C I think so, yeah because prior to goin' to counsellin' you know I'd talked to friends, I'd done a lot of that, I think I wanted more of a healin' process. I think I wanted more of a direction of what I could do to heal myself rather than just be talkin' about it you know and not really getting' anythin' back if you understand where I'm comin' from

59. P Yeah, right, Right. Ok. So how is it here to reflect on - on the counsellor?
(relational to Question 19)

60. C Erm – yeah, fine really. I don't mind talkin' about it. Erm, yeah

61. P Ok. Well if we can arrange – thanks for talking part and if we can arrange for me to contact you in order to check that what I've taken down is right? (relational to Question 21)

62. C Yeah

63. P Right, I'll just switch the tapes off

End

Data checking session via telephone

1. P Hello, Cara, thank you for being available. I'm just checking that you're ok for me to check what I took down in the interview was correct?
2. C yep
3. P Ok. So I'm understanding that you had the experience of counselling and we decided between us that – or I understood that it was counselling
4. C Yep
5. P Erm. From the interview, although you felt that she er – the sessions rather, although you felt that she heard you, you didn't feel as if she had much experience or you didn't get the direction that you wanted?
6. C That's right, yep
7. P Ok. Anything else that came up from last time that you can think of?
8. C Erm no I don't think so
9. P Was there anything that you thought I'd ask that I didn't – anything that I might have missed out? (relational to Question 20)
10. C Erm – I suppose indirectly you asked what I got out of the sessions. I thought you might've asked erm, did you feel that the sessions were what you thought they'd be and did you feel that you got out of the sessions somethin' that could actually help you?
11. P Ok so what would be your answer to those questions?
12. C Well, know on both questions
13. P Right, ok. So if somebody asked you as a question do you think it was a positive experience or a negative experience what would your answer to that be?
14. C It wasn't a negative experience but in the end I stopped goin' because I thought well I'm not really gettin' any – it wasn't helpin' me in any way that I'd not already helped myself
15. P Ok. Alright. Anything else that you can think of?
16. C No I think that's it
17. P Alright so what I can take down there is that the benefit from sessions was very minimal
18. C Yeah

19. P Ok. Alright. Well, again, this was a pilot study but I've got here at the end of my actual study – when everything's complete, I will send you a copy of the findings and thank you very much for takin' part

20. C Ok. You're welcome

End

Pam (P) interviewing Emily (E) Participant Number One Face-to-face

CORE Form filled in: Score 4

CONSENT Form filled in. Participant would like a copy of the research findings

1. P What I've done is made some questions – semi-structured then if we just play it by ear if that's ok with you?
2. E (nods)
3. P Alright, so, we know that you're female (relating to Question 1). Age; can I ask how old you are? (relating to Question 2)
4. E I'm twenty-eight
5. P Twenty-eight. And, your nationality? (relational to Question 3)
6. E British...English
7. P Alright. Ok and now down to the counselling stuff. How many sessions of therapy did you have? (relational to Question 4)
8. E I had three – at an hour long sessions so three hours
9. P Three ok at an hour long. Obviously this is being recorded but if I write it down I'll hear it better as well
10. E (Laughs)
11. P Erm, so, when did you start? (relational to Question 5)
12. E It would be the end of February, the beginning of March
13. P The end of February, the beginning of March, ok
14. E I can't remember the exact date but I know it was around that period
15. P Ok, end of February, the beginning of March, this year 2011. And so finished ish... (relational to Question 6)
16. E End of March probably
17. P End of March 2011
18. E Yes
19. P So, what type of therapy was it (relational to Question 7)
20. E It was person-centred therapy. It was through the counselling service at College. We did have one counsellor there but he's left now – that's been outsourced...who would counsel members of staff and students; you could approach him with any issues you wanted to talk about in private
21. P Right.

22. E So I used this service. I didn't have to pay; it was free of charge. It'd gone through HR...anyone who wants to see a counsellor so...

23. P Right. And was counsellor male or female? (relational to Question 8)

24. E Female

25. P Ok. Great so erm...Approximate age of counsellor? (relational to Question 9)

26. E I'd say she's early 40s

27. P Early 40s. You see I don't know how much of this will be relevant until I've done more interviews

28. E Mm until you've done more, yeah...

29. P Exactly. Ok. Erm...did you choose the therapist yourself or was she designated to you? (relational to Question 11)

30. E Designated to me as she's attached to the College

31. P Ok. So did you get a choice of male/female?

32. E No

33. P Ok. If you had have had a choice would you have chosen a male or did it not matter?

34. E Being female I probably would have chose a female; I don't know...personally myself I would feel more comfortable with a woman

35. P Yeah; yeah...ok erm. And we know you didn't have to pay for it (relational to Question 11). Ok. You don't have to disclose what it was about that you went for, but was it for a particular issue or was it a case of, 'I'll try it out and see what the service is like? (relational to Question 12)

36. E It was an issue at home. It got to a point where I couldn't talk to anyone at home 'cause it was about home

37. P Yeah

38. E My nan died and my mum had fallen out with my middle brother...I've got two brothers so everything sort of came to a head and I thought I need to speak to someone who's out of the situation, that's why

39. P That's understandable because otherwise you might have gone off sick, mightn't you?

40. E I was just stressed I was runnin' around, colds all the time and I thought I just need to talk to someone and get someone else's perspective to just explain what I'm feelin'

41. P Ok so...have you got, or did you have any previous professional knowledge of counselling and if so, what? (relational to Question 14)
42. E Admin works...through our counselling department...through training to diploma level; people new coming in for counselling to do the introductory course; people who are looking to do counselling; people that are nearly qualified; supervisors as well and lecturers who are counsellors themselves
43. P So have you done counsellor training
44. E No
45. P ...Yourself? See what I'm tryin' to discover here is in getting' different participants and I'm tryin' to discover if people comin' as lay participants from the street and they know nothin' about counselling apart from their experience from their counsellor or some that maybe have had some counsellor training and they have also been counselled as well and some who come in as you are sort of knowing bits but not having a certificate there
46. E I mean I know how it works and sort of ethics...I know a little bit of the ethics they work to. I've dealt with supervisors as well; I know a little bit of how supervision works and what they do
47. P Yeah? So how do you answer that...I mean I've made up the question and I've put did you have any previous professional knowledge of counselling...what can we put?
48. E I don't know from a lecturing perspective or even a counsellor's, but I know what trainin' they have to do, I know about the BACP and what guidelines, things like that
49. P So we can certainly put admin level and what else...and erm (hesitates) I don't know...and training needs etc. Yeah?
50. E And obviously when I had counselling she ran through the guidelines...if I was in danger of hurtin' myself or did anything criminal she would have to pass that on
51. P Yeah, yeah
52. E ...So I understand that
53. P Ok. Is this how you expected it to be?
54. E Yeah...a little bit. I didn't know whether it'd be what I've had counselling about or what, really
55. P Yeah...you can speak about that after if you want but I mean it's not really about that; it may come – it may come up...it's about the actual counsellor, the individual that you saw. Ok so, (reading from sheet) do you believe that it is important for a client to experience their counsellor as 'congruent' (relational to Question 14), also

termed as genuine, honest, open, real and authentic? I don't know whether you've come across that word?

56. E Yeah I've heard of congruence

57. P Have you heard it from a counselling perspective?

58. E Yeah. The intro students used to do quite a lot and they do quite a lot of like spider charts on congruence and what they felt it was so I've been in contact with the word but I've not really understood what it was about so...

59. P Ok...erm so basically this here requires me to be congruent. Why I've chosen this is that a particular theorist called Rogers...I don't know whether you've heard of Carl Rogers, he stipulated that for the relationship and counselling to work there are three qualities that are needed; that's genuineness or congruence and then there's this unconditional positive regard where you know where in terms of respecting the client...basically honesty and respect. So I'm trying to decipher as to whether people who've experienced counselling have felt that this was important for them as this is all by researchers and you know professionals within the field so I'm trying to discover whether you know, people that are actually

60. E (Intercepts) Yeah quite important cause you expect to be respected.

You're...you're going to someone trying to get some help when you're at a low point so you want to put your trust in that person and you respect what they say and how you can help yourself so yeah I suppose it's important

61. P Ok, yeah. The other one was empathic understanding...but ok. Erm...so you're saying yes so okidoki. What...what in terms of congruence then, and I've put genuineness, honesty, realness and authenticity, what do you understand...what's your understanding of the term then – the term congruence from that? (relational do Question 16)

62. E That you respect what...what you're client's going through I suppose and you respect their point of view but you also try to help them by erm...listening to their needs and say to what you think is the best course it's also a mid-point between yourself and the counsellor in understanding each-other's needs

63. P Ok. Alright. Yeah. Ok. That's interesting. Understanding each other's needs. We never know what we're gonna get when interviewing people, yeah...each other's needs. Ok. So, the counsellor that you saw, do you perceive her to have been congruent in the counselling sessions? (relational to Question 17)

64. E Yeah

65. P Ok. So how would you say you would know that?

66. E 'Cause she listened. Like when I first when she said well explain what your situation is like and she listened and she gave me her point of view and we discussed the way forward like equally she didn't sort of push her ideas onto me and say do this, do this. Open, relaxed and generally listened what I had to say

67. P Yeah. Ok

68. E Discussing what she thought was best – options and what she thought I should do

69. P So would you say you sort of decided together?

70. E No she left it more to me. She'd say what do you think you need to do to improve the situation

71. P Ok...that's the approach yeah.

72. E And then say, well, would you not think of doing...she didn't say do this do that

73. P Mmm

74. E Honest and open

75. P Ok. So that's about helping a client to use their own mind and then perhaps putting not suggestions as such but...we tend to try to shy away from that word if it's pure stuff but ok right...So was that helpful d'you think?

76. E Yeah

77. P Ok. So, how important – we're saying that you did experience your counsellor as genuine and honest and open and real and all that lot, so how important do you feel it was for you in counselling and why? (relational to Question 17)

78. E It was important because I wanted to feel that I was listened to cause part of my problem was that I thought nobody would listen to me, no-one would listen to my point of view so that was important 'cause it was quite nice to feel that someone was listening to what I was saying. I was imagining that it was all going wrong just for me and someb'dy else could look at it and say well yeah I agree things do need to change

79. P Yeah

80. E So it was important

81. P How do you think she demonstrated that then?

82. E Demonstrated being open?

83. P Well demonstrated listening 'cause we can listen but I mean I suppose, depending on how perceptive somebody is we could be pretending we're listening but could be thinking of I don't know...
84. E Because she'd go over the points that I'd raised and say well is this what's happened or is this how it happened? So she'd sort of re-iterate back...or is this, this and this how it was? So that's how I felt she was listening to what I was saying
85. P So we can say client felt listened to
86. E (intercepts) And eye contact and very open body language - not say there with her arms folded and (laughs)
87. P Yes, yes. So is there any particular moment that you remember above all the others in relation to her being genuine or open? (relational to Question 18) When you think back in the three sessions, is there any one moment you can think of to say, yeah? (Pause). It's a hard question that, actually
88. E I don't know really. 'Cause I was quite upset when I went and she said I can see you're upset and stressed and tired. So that calmed me down a bit. That was, to me the best part 'cause she did say I can see it's upsetting you, and waited for me to calm down and whatever so that, really
89. P So it's about acknowledging your feelings d'you think?
90. E (Acknowledges this by nodding)
91. P Ok. So was that session one?
92. E Aha (drinking tea). On session two I was sort of a bit better...so she did take note of how you were feeling on the day
93. P Yeah
94. E And would comment on, oh, you look a bit like brighter today or
95. P Yeah. So would you say that's er congruence, genuineness, openness or would you say that's more of one of Rogers' others of his triad, more about empathic understanding?
96. E Yeah
97. P 'Cause I think it is, isn't it?
98. E Yeah
99. P Is that what you were thinking, there?
100. E Yeah. And maybe it's treating the sessions a bit more...the first session she was a bit slower and erm...listened to what I was saying. But the second session I was a bit calmer she asked me more questions in a bit more detail. So she did seem to

understand why my feelings and how much I wanted to say and would stop if it was too upsetting and things so she would vary the sessions on how it was going, so

101. P Mmm. So. Ok. Alright. This is not one of my questions (referring to those on my pre-planned sheet), you know in terms of these...Rogers' empathic understanding...so we've got empathic understanding, we've got the erm congruence – the genuineness and the realness and the honesty and the openness, the unconditional positive regard so that's like you know, respecting the client, that's not one of my questions but which would you say is the most important of those?

102. E The unconditional positive regard

103. P Right. Ok. That's very interesting.

104. E (smiling)...I don't know (almost apologetic in tone) Being brought up to respect people and listen

105. P No...no. Ok. Erm...Right...what about after that then? So we've got we've got erm respecting you and not judging you – that comes into it as well, so you know not feeling judged. So in terms of the understanding and her being genuine and real, if you had to rate those in order which would you put first?

106. E Between congruence and...(slight pause)

107. P Yeah.

108. E I'd say empathy

109. P Really?

110. E Yeah (pause). 'Cause to me, to be a counsellor you've got to have some sort of empathy with people

111. P (Intercepts) Yeah

112. E...To do what you do. So

113. P Yeah. Ok. So how does it feel sittin' here talking about your counsellor and her genuineness...how does it feel?

114. E Weird 'cause I knew her as a tutor as well

115. P Oh, right

116. E I knew her around college other than being as a counsellor, so

117. P So how did that work, then?

118. E That was ok 'cause she said at first 'cause I used to have my sessions paid for, well you work at this building, are you not bothered that people will see? And I said, well no, it's in a private room, nobody could hear what we were saying, that doesn't bother me and when I was in counselling she said I dunno it's strange you've

come for counselling 'cause you've always struck me as a confident, bubbly person. I said well, anyone can have problems as well. I said who I am at work

119. P (Intercepts) So how did that feel when she said that?

120. E It's strange 'cause I don't feel myself that I'm a very confident person

121. P Mmm but that's somebody's perception and I suppose in order to have a perception somebody must make a judgement.

122. E (laughs)

123. P You've got to, you know...we're taught in stuff you know, that you don't judge but we've got to judge haven't we you know ...if it's safe to cross the road, if there's somebody that looks a bit shady, or whatever. So erm...ok

124. E Well I didn't have a problem with it 'cause like I say, I knew her from around college, a bubbly, nice person anyway from knowing her around college. It didn't bother me that...it's probably better that I did know her... I didn't feel as frightened I suppose that I going to someone that I knew

125. P Yeah

126. E Than goin' seein' a counsellor that I didn't know at all

127. P See I suppose that's where you know it's different in the setting you work in 'cause obviously she's there, erm you know she lives in the place, you semi-live in the place, it's a big part of the week so you're bound to see each-other and nod along the corridor. But usually, erm...well I suppose ideally let's say, you know out there if somebody goes for counselling, they go to an individual that they have never seen before and they don't know anything about, d'you know what I mean. I think it can sometimes be daunting but that's supposedly what we're taught in counselling courses

128. E (Intercepts) Is the ideal

129. P Yeah...because it works better but erm you know I think there's different sort of erm spin-offs from counselling and that can be I don't know coaching or mentoring or all kinds of stuff so I suppose you know I'm not saying it can't be done, it depends you know if you knew her socially or whatever that would probably be

130. E (intercepts) That's very rare

131. P Passing in the corridor or whatever and saying hello to you. Ok so erm...so you know I'm understanding you're saying it's a bit weird to you know to sit here and think about her genuineness and whatever. Is there anything else you can think of around congruence you remember then, in terms of the three sessions?

132. E Not as...it's a few months ago erm...what happened between then and now...like I say she was genuine, she was honest and respected that I'd come to her for help cause she said well really I never thought I'd see you sat in my chair but I'm sure she respected the reason why I'd gone
133. P (Intercepts) I suppose that's being congruent, isn't it? She's thinking, oh, I wonder what she's doin' here...such and such a thing...that is her, you know, being congruent. That's, that's quite erm, yeah, I suppose that's a good example of that because it's a risk to take for a counsellor to say that, maybe. You know, 'cause it could go either way and the client could think, oo...should I not be here? Am I using somebody else's time, you know. Erm I wonder what else she
134. E (intercepts) Well that's why when I went to her, I said well, I don't know whether this will work but I'm at my wits end and I need to talk to someone and knew you could get counselling through College so I said, here I am. I've just come to talk, I don't know whether it'll work but I'm willing to give it a try
135. P Mmm
136. E And she was fine with that. She said if you wanna come to one session that's fine, if you wanna come for ten, that's completely up to you
137. P So was it unlimited?
138. E Well she said have a least two sessions and take it from there. If you don't want to do it anymore I won't be offended I won't be upset. It's entirely up to you. If you think talking for a couple of hours is gonna help you and that's it, that's no problem. She didn't judge me on the fact that I knew her I won't hold the fact that it's you, it's how you feel after doing your sessions
139. P So erm, why three?
140. E Because I'd talked about my issues and what I'd wanted to achieve and I felt after three that we'd discussed as much as we could discuss and it looked and it was up to me then to try and change things
141. P So erm, ok so...maybe you felt you'd got as much as you could out of that and you didn't need any more full stop?
142. E I'd say that I'd got as much as I could out of the sessions at the time. I haven't ruled out anything in the future. At that moment in time I just felt three was as far as I needed
143. P Yeah

144. E We talked about how I could resolve things and that was it. She always said if you need any more just let me know. Even if a few months down the line you need to speak to me, just let me know so
145. P Ok, so, erm, anything else in terms of the congruence? Were there ever any times when you thought she had not been congruent, or genuine, or real, or open or honest?
146. E No. I'd say she was pretty congruent throughout...very, very good (slight laugh). Didn't have any problems at all, really and it sort of changed my mind that 'cause I sort of thought, is it gonna make any difference but it does it does make you realist that if it's off your shoulders
147. P (Intercepts) So it was a positive experience overall?
148. E Mm (somewhat quiet)
149. P Ok. So, so in terms then, erm 'cause we don't need to go into erm all the theory of it but erm like towards the end of his life, Rogers was focusing quite a lot on this genuineness erm and I know that for my personal practice that erm yeah, I offer everything in a way erm but I describe myself as working integratively so it's bits of maybe cbt, maybe at certain times you know, solution focused – like finding solutions for clients. For me, I think it's congruence that drives my practice. It's about the counsellor I suppose taking risks saying certain things
150. E (intercepts) Yeah
151. P ...About the client. D'you know what I mean? Which is why I picked this one out of the three. But I think erm...so are you saying then that you didn't have anybody to listen to you and it's the empathic understanding above all of them?
152. E 'Cause I though like it's just...it's just me and like erm what I said it's partly because my nan had died and my mum had not spoken to my brother for a couple of years 'cause he...he left home and he decided to go and she saw that as him sort of blackenin...and I sort of tried to get things resolved and talkin' an' the tip of the iceberg was I'd gone to my brother's that weekend and my mum said why have you gone there? And I thought I'm twenty-eight I want to go and see my brother that's...that's my...so I thought I can't carry on like this
153. P It sounds as though you felt quite torn, really

154. E 'Cause I was tryin' to keep in touch with my brother 'cause to me he's not done anythin' wrong. I didn't wanna get on the wrong side of my mum 'cause I still live at home and I don't want to cause an atmosphere at home so
155. P You were in the middle weren't you
156. E Hugh
157. P And did you find ways of resolving the situation?
158. E Yeah as I say, my nan was ill at the time and then she died unfortunately and then it was the funeral and I said is he comin' to the funeral because it's not right that he doesn't
159. P Mm
160. E go to the funeral so really in a bad way the funeral...my dad, my dad's more reasonable than my mum – I'm a bit like my dad, a bit more laid back so he said no, he can come to the funeral and that's...so it kind of resolved itself through how things have fallen
161. P Yeah
162. E But I said to my mum it shouldn't have had to take a funeral to sort of
163. P ...Bring things together. It sounds like you were tryin' to be the peace-maker
164. E Yeah
165. P Holding things together
166. E And then me saying why am I at fault just 'cause I wanna keep in touch with my brother...you don't have to speak to him but don't take it out on me er...
167. P Yeah
168. E So I needed someone else to give sort of an objective view on
169. P So what did you hear from her then, the counsellor?
170. E Well she said, maybe I am a bit too laid back I don't...I don't challenge my mum. She said you don't, you need (laughs)
171. P I'm wondering where the phrase laid back comes from as you don't strike me as being laid back erm...
172. E But I don't like causing ructions
173. P A peacemaker. No you sound as though you're a peace-maker, Emily so maybe it was your concern coming across

174. E And she'll say well maybe you need to just challenge your mum sometimes and say why...why why...are you doing this...why are you being unreasonable?
Generally it's 'cause I don't want to cause an argument
175. P Yeah
176. E I will stand my ground if I need to I said but it's different with your parents 'cause you don't like saying what you truly think sometimes
177. P Well you mentioned before about having respect and whatever so that probably comes into it, you're not trying to I don't know...upset
178. E And disrespect
179. P Yeah, exactly
180. E But I did feel a bit anxious and she said well you need to probably sit down with your mum and say well when you do that you upset me. She said maybe your mum doesn't realise how upset you get about things because you might just gloss over it and say I'm fine there's nothing wrong so
181. P I don't...I don't see it as a laid-backness. I see it as a passiveness and you brushing things to one side but I don't think you'd have a laid-back feeling from that and think you'd feel quite...disturbed, really because you're compromised, aren't you?
182. E Mm so that's why I decided like I said why've you gone to your brother's house, and why've you done this I thought right I need to speak to someone and I was quite upset and really annoyed and I'm twenty-eight years old and fair enough I live at home and I respect that I live at home but I have my own car and my own transport and it's not like I'm taking your car (sighs)
183. P Yeah
184. E So I was annoyed. I got to a point where I was just so annoyed
185. P It's like what am I doing wrong type-thing, isn't it...you know, I love my brother, what 'm I doin' wrong
186. E Mm. So that's why I decided to
187. P (Intercepts) It sounds as though there's a bit of guilt mixed in there as well – to mum
188. E Mm
189. P (slight pause) Ok. So anything else in terms of the congruence – the counsellor's congruence...how it helped the counselling or not or was it more about the empathic understanding and her not judging you; what would you say?

190. E It's hard to sort of separate them out as it all fits in together
191. P Yes
192. E But it was good to not be judged because she just said well that's your situation and you've decided you want to resolve it so that's good. She didn't judge what'd happened. She didn't judge my family 'cause at the end of the day there's always ups and downs with families
193. P Yeah
194. E And she understood why, why I would be upset 'cause like you said, she said well you're obviously tryin' to please both camps and so (laughs) it's a bit o' both really I'd say all are as important as each-other 'cause it felt good to be understood and feel like it wasn't just me that was getting' wound up for no reason at all
195. P Ok. So anything you want to ask from what we've talked about today?
196. E No...I think that's everything. It's hard to go back 'cause I was quite upset as well with everythin' goin on so it's a bit like I dunno at the back of my mind, really when I think about it
197. P Well that's where I mean it's a memory, isn't it? You know, from that, you've come through it and...did you feel you gained any strength from it, then?
198. E Yeah 'cause I am a bit more as I have become a bit more assertive and I will say, why, why. I question things a bit more
199. P Right
200. E (interrupts) But I don't know like I said to the counsellor, maybe me and my mum clash a bit more 'cause I am a bit older and I will question and I'll say why are you doin' that and why are you sayin' that. So I think that's why now we probably come to loggerheads more now that we did when I was younger (sigh-laugh)
201. P But it sounds as if challenging her in the past has been quite difficult
202. E 'Cause my mum is very, my mum is very assertive compared to my dad and has a strong personality; compared to my dad who's very chilled out and well...
203. P Yeah. Well, would you not say you have a strong personality then?
204. E I would say I do
205. P Ok. So erm...anything that you would like to ask now? (relational to Question 20)...I've put here has the participant got any questions?

206. E No...it's covered everything. So are you doin' your study purely on congruence, then?
207. P Yeah it's on congruence. I'm tryin' to discover as to whether it's important for clients as Rogers' believed it is for the therapist, 'cause Rogers advocated that erm it's important for the counsellor to be genuine and open and real and honest and yeah, and you said, yes it is erm but I'm...not tryin' to decipher which one exactly is more important but you know how important is it, but you know, is it? Is it as important as he stated? I know from my personal practice and not just goin' with the theory, I think erm it's definitely a driver in my practice to help my clients to shift. You know, it's offered in a way but yeah, the unconditional positive regard, has got to be there and the empathic understanding so that it's not you know, abusive to clients and I'm not just sayin' what I think it's got to...
208. E (Interrupts) Yeah. Yeah I think a bit of everythin' is important but when I first started workin' in counsellin' to me that is what when someone says what d'you think a counsellor is 'cause I'd never come into contact with any counsellors, I'd say someone who's genuine and will listen to you, won't judge you and just try an' help you cause most of the time when you go and see a counsellor you're at a very low point anyway. You've got to put your trust in someone and respect that you've gone to them for help in the first place.
209. P Mm
210. E It can be a big step to say I need some help
211. P It's massive for a lot of people especially if you're used to doin' things by yourself or you know, there can be questions yeah, will I be judged, will she believe me, will he believe me, what will it be like...yeah, everythin'. But I think yeah, someone who's genuine it's how we evaluate that genuineness...how do you think that you evaluated that genuineness that's not one of my questions
212. E Erm...
213. P How would you do that?
214. E She listened, and didn't say, oh well you're just being stupid, it's all in your head and then she understood and body language as well – very open body language, no off-the-cuff remarks so
215. P Ok
216. E Just like said in the session if you need anythin' I'm here, you can always ring me, you can always drop me a line

217. P So it's the helpfulness
218. E You didn't feel alone, you felt like there's always someone if you needed to you could turn to for help
219. P Do you think that's the nature of the organisation tryin' to promote that or was that her as a person?
220. E I think that's her as a person. She always struck me as a very open and friendly person. She didn't know me that well. She would always say hello or good afternoon. Or if she was around, pop in and say how you doin' sort of thing. So part of it was the personality
221. P Yeah. Ok so is this how you expected it to be – how it's gone?
222. E Yeah. I mean 'cause you said you had questions and things, I didn't know if we'd be looking back on why I'd had counselling and what I thought about it or...
223. P Is there anything you'd like to do in terms of that? 'Cause I know you said before about erm it being a while ago and not that you don't wanna think about it think about it you know, if stuff's been opened, dealt with and closed I don't see the point of revoking old wounds
224. E Na
225. P I don't see the point in that
226. E Na. If it ever happened again, I would...I would use counsellin'
227. P And do you think you would return to the same individual if you had the chance
228. E Maybe or maybe try someb'dy else. It depends what the circumstances were
229. P Alright. So why would you say you might try someb'dy else?
230. E To maybe get a different perspective – if they were the same or (unfinished)
231. P Right
232. E I mean you get used to one person – a new perspective is sometimes good on things
233. P So d'you think that you'd erm...I've got no more room on my sheet!
234. E (laughs)
235. P Do you think you'd outgrown what she was able to offer you?
236. E Yeah! (an immediate response)

237. P I got that sense before because I know you said well she said right have at least two and seem to have gone with her you know with quite a er...load. It sounds quite chaotic and three sessions is not a lot
238. E No
239. P Is it? You know if you didn't have any emotional problems or psychiatric problems three might have sorted you but you could have had more
240. E Yeah and maybe got a bit more out of it but like I said at the time as well there was a lot goin' on and I was quite upset with my nan and at that time I didn't feel that I could probably carry on and do any more and that I'd got to a point with her that she'd told me what I needed to do and
241. P So why did you stop then?
242. E I don't know
243. P (Intercepts) When you look back
244. E I don't know really to be honest I just felt that I'd got as far as I could
245. P Do you think that was because of her as an individual – the type of person, that you weren't moving quick enough or you weren't erm...or you'd exhausted her resources?
246. E I may have exhausted her resources
247. P It's very exciting isn't it?
248. E (Laughs)
249. P Right so what d'you put that down to...and this is not one of my questions
250. E Er...college counsellors don't just have probably a small number of clients like a private practice. Maybe it was one that I didn't want to waste her time
251. P Ahh
252. E I felt like I was wasting her time, maybe. She'd told me all that I needed to know and how I could resolve it and virtually at the end of my last session she said you need to go and speak to your mum and sort a lot of things out but then once you've done that if it's still not workin' come back to me so she sort of left it with me then. And said, well you need to go and try an' resolve your issues at home then if you need any further help come back to me. And I never got back to her
253. P Can you hear how exciting this is? It's exciting to me...it's an exciting story. Do you understand where I'm getting' this from? 'Cause she said you could have three, ten or whatever and you're thinking well I've had three. I'm not sure if it's a case of exhausting her resources or not wanting to be a nuisance, almost?

254. E It could be. It's the first time I've ever used counselling so maybe I don't know. I know why but I'd like discussed what I needed to discuss and felt like a weight had been lifted and had the opportunity to discuss everythin' with someone else
255. P You know, erm it may be that yeah, you'd gone for that particular purpose and when that purpose or job and when it sounds as if you'd been given a task and then, well, come back if you need any more help. But I'm wondering where the process there was then because it's almost like well there's your task, and phone me if you need me. That's hard isn't it if you're given a phone me if you need me cause that's something whereby you have to admit again that you need more help. D'you understand where I'm getting that from? Am I right with that? Does that make sense?
256. E Yeah. And I know that over the summer things that've gradually resolved; they're not perfect – not back how we were but at least my mum is talkin' to my brother now
257. P Yeah
258. E The family's a bit more er...
259. P So in terms of exhausting her resources is there any more on that?
260. E No it's probably a bit harder 'cause I've gone through College...I've not had a choice of where I go or when...I had a choice when but if you're a person where you can contact someone off your own back it's a bit different to using College. 'Cause if it didn't work – and I'm not saying it didn't, you don't have the choice to say well I don't want to see you I want someone else because there is no-one else so it's slightly different through College I suppose
261. P Yeah, erm Do you think you'd've carried on if it was with somebody else of not?
262. E Maybe. I wouldn't hold anything against who I saw. I'd carry on seein' them if I needed to. That was...the only person that I've seen...there was nothin' wrong with what she did
263. P Yeah
264. E Maybe choose somebody else just to see if they would do things differently
265. P Yeah
266. E Or get somebody's different perspective on it

267. P Yeah. But I suppose it's interesting... I'm tryin' to...I'm tryin' to get hold of why erm...you're obviously a person that likes change maybe, or newness, new ideas
268. E Probably. But then again I can accept what my dad says, I do like my routines, how I am. 'Cause I've been at the College seven years and people say well are you not fed up here, and I say well no because I like my job
269. P Yeah, yeah
270. E And I like the people I work with so you don't need to change some things and why change them, so
271. P Mm but in terms of erm her, it sounds as if it's a bit of erm well I got what I needed from her er.....I didn't know whether it was something to do with feeling a burden but I think that's my stuff really or a nuisance or whatever
272. E Could be. My problem is sometimes that, do I need to bother someone? Kind of being a bit self-sufficient sometimes
273. P This is what I'm pickin' up erm and it sounds as if, well, I'll do it by myself, you know you said before sometimes it's hard to admit help so do you want to trouble somebody. Does that fit?
274. E That fits me (laughing)
275. P Ok
276. E That's what I like you say I had two brothers and my dad...be no trouble, get on with things, sort things out, and my brothers can be a bit...don't do anythin', don't organise themselves
277. P Yeah
278. E So, it might just be like, it might just be my personality. I'm the eldest child so maybe there's something to do with being the one that's (unfinished)
279. P Well, I think it's a good thing to have...self-sufficiency, if you can, you know, if you can use that. I think a lot of people would be quite envious of that but sometimes there can be a danger of erm, I don't know strugglin' and doin' everythin' yourself when really, someb'dy could help
280. E (laughs)
281. P But you're rejectin' it because you know I can do it...and I very often do that...if I can do it myself I will but sometimes we have to put our hand up and say we're stuck, and that's what counselling's about
282. E Mm

283. P So anything from this discussion, today then?
284. E No. I've enjoyed it really
285. P Have you?
286. E It's been good to sort of reflect, go back
287. P Anything that's not been good then?
288. E No. It's been a hard...when I look back I will be glad when this year's over.
It's been a hard year, I think
289. P Yeah
290. E That's like personal things
291. P But I suppose erm the service is there at the College and it's for people like
you and she said initially if you want ten you can have ten, you can have whatever
292. E Hmm
293. P So, anything else before we say over and out on that?
294. E No. It's been nice to meet you as well
295. P I know I've e-mailed you a couple of times erm and it's nice to have contact
with ----- (particular institution) 'cause I've not since I left. I qualified in 1997
296. E That's way before my time. I started in 2004. I've been in counselling since
2006. It's nice to see people who have gone through the process, done their training,
carried it on...'cause they have to leave or you don't see them again
297. P Yeah. So ok. Would it be ok if I give you a ring in about a week (relational
to Question 21) for ten to fifteen minutes over the phone to be able to check that what
I've written down is as you've said?
298. E Yeah
299. P Does that sound ok?
300. E That's fine. I go on holiday on 31st
301. P Yeah
302. E But other than that I'm in
303. P Ok. Well can we book a time then?
304. E Yeah (shuffling around for diary in bag)
305. P Ok...well today is Friday 7th. I'm saying ish a week. Erm...I don't know
306. E Friday 14th I'm in meetings all day. I can do Thursday 13th
307. P Yeah. You specify what time
308. E Erm. Let me think; if you ring me 3.30...depends if it's quiet in my office
309. P Incubated

310. E Yeah...half three on that Thursday that's ok
311. P Yeah...that's fine (writing). Ok so three-thirty, Emily and which number
312. E If you ring me on ----- (contact number)
313. P Ok (repeating above number). So that's Thursday 13th October at 3.30. Right I've got that
314. E Yeah that's fine
315. P (hands participant a copy of the contract, the leaflet and a card in an envelope). Just to say where you've been; have you enjoyed it, then?
316. E Yeah
317. P I want people to get something from this, you know whether it's a bit of remembrance, experience or a bit of an insight it's not certainly...I don't want to be having people who are coming and it's right, give me your information and go
318. E (laughs). No 'cause we've looked back on things and your perspective and things as well
319. P Yeah
320. E So, yeah, a counselling bit as well
321. P So how's it been listening to me then? Does it fit for you this counsellor way of being 'cause this is how I am in the sessions...I mean obviously I don't sit there and read out questions you know, research but
322. E Yeah
323. P ...This is how things are. (Pointing to the envelope) That's the leaflet, you've got one of those, erm that's...I've put a card in there so you know where you've been and that's a copy of what you signed today. I don't think you'll be needing the Samaritans or whatever
324. E (laughs)
325. P ...(Smiling) But just in case, there's their number. I'm also aware that you come under ----- (a particular institution, don't you?)
326. E No we used to be. College is just on it's own now
327. P Oh, is it?
328. E It's on its own now
329. P...Ah...course it is 'cause I was gonna say that there is an organisation where people can get up to six sessions of counselling if they work for ----- (a particular institution)

330. E Yeah, 'cause I used to work for -----(institution) before I worked at the College and this girl who I worked with, she had like a really bad time she tried attempted suicide but she did go to sessions I think with someone called ____ (name of female)
331. P Mm
332. E ...But she found it really helpful. They did used to do that when I was there anyway, so
333. P Yeah, I know they still run it now, -----(particular institution), but of course yeah
334. E The College, they've outsourced it but I don't know where it's gone. You can still get counselling but they now arrange it through somebody else so it's changed
335. P Yeah
336. E 'Cause we've had a lot of redundancies at College and structural changes so... (unfinished)
337. P ...So is the department not as it was then?
338. E Well counselling is going at the end of next year
339. P Is it? What a shame
340. E Because of the funding the government giving us and it's a shame really 'cause I get enquiries every day about people who want to...and I just have to say try- --- (another particular institution). We're turnin' all these people away
341. P Yeah, yeah there is (a particular institution). I know (another particular institution) has closed as well
342. E The advanced diploma I know people are really strugglin'. 'Cause I don't think ----(particular institution) do the diploma; I think they do level one, two and three so...
343. P Yeah
344. E People are really strugglin'
345. P Yeah. I have various supervisees that come here from various colleges and yeah, what a shame
346. E 'Cause I think a lot of people want to do it. Like my dad who was in the police he said when I was in the police – he was on the motorway police...he said in my day we didn't have anything like that so I got on with it and...it's a newer... (unfinished)

347. P Mm...it is. I think it is I mean, yeah, it's been goin' for a lot of years but I think
348. E (Intercepts) I think companies and organisations are now beginning to realise that
349. P (Intercepts) More aware that if they wanna keep their staff at work certainly it's to have these systems in place
350. E Yeah so he said I'm not disagreeing with it it's just that I didn't have that opportunity
351. P Yeah. Well thank you very much. Lovely to meet you and I hope you're taking some positives.
352. E Yeah
353. P I'll phone you next week and I'll read you the stuff
354. E (Laughs)
355. P...To say, this participant, this is what she said. It's interesting I think you know for erm other people that are doin' research. The bottom- line for me is which is the most important
356. E Yeah
357. P I think erm all three are important but it sounds as if you're saying well yeah, I needed her to be genuine but I needed her to respect me and hear me and to show that she understood me – that was very important
358. E Yeah
359. P (Standing) Ok. Do you know where you're going to get out of here now?
360. E Yeah – I know where I am, vaguely, my sat nav will talk to me
361. P...Oh I need to stop this now, don't I! Stop.... (stopping recorders)

End

Data checking session via telephone – Participant Number One

1. P I've just tried the office number and it went to voice-mail so I've left a little message for you, just to say that I've phoned...have you got a couple of minutes erm...to check this data that I took down?
2. E Yeah, that's fine, yeah
3. P Ok. I think I understood everything that you said to me. One question, if I can possibly ask...the therapist, what was her ethnic origin, Emily?
4. E White
5. P White. Ok
6. E White British I presume
7. P Right. Ok and...just one more, in terms of therapist disclosure, did she give you any scenarios erm...which involved her own life?
8. E (Slight pause) No
9. P No
10. E No
11. P Ok. So she kept herself basically to herself and kept the professionalism within the erm...the workplace and issues around you and kept herself
12. E Yeah
13. P Her personal self and her life out of...out of the discussion?
14. E Yeah, that's right, yeah
15. P Ok. Alright, erm, as I say I think I understand everything else...you were talkin' about the counsellor's professional skill, erm and I think I understand everything really
16. E Ok
17. P Thank you very much again for participating, and once I've written up all the findings I will post you a copy of them...I mean it will be months and months and months
18. E (Intercepts) Ahh...no problem
19. P But I will post you a copy
20. E Ok. That's great...thanks the lot, Pam
21. P Alright, take care
22. E Bye
23. P Bye bye Emily **End**

Pam (P) interviewing Laura (L) Participant Number Two

CORE Form: Score 6

CONSENT Form – participant signed (sent via post). Participant does not want a copy of the findings

1. P Ok. So gender, we know you're female (relational to Question 1)
2. L Yeah
3. P How old are you, Laura, please? (relational to Question 2)
4. L I'm fifty-two
5. P Fifty-two. And you nationality? (relational to Question 3)
6. L British
7. P Ok. Right, ok now to the counselling. How many sessions of therapy did you have? (relational to Question 4)
8. L The last time...(hesitating)...I'm sorry if I sound a bit woolly sometimes
9. P That's fine
10. L ...Probably about ten
11. P Ok. And you say at you're last time. Are we basing this (because it's to do with your counsellor's congruence) on the last – the last set of therapy with the person that you had ten with?
12. L Yes
13. P Ok. Alright. When did you start? (relational to Question 5)
14. L It would have been...gosh it would probably be (pause) April
15. P April this year?
16. L Yeah
17. P When did you finish? (relational to Question 6)
18. L Erm (pause) July
19. P Ok...2011. And what type of therapy was it? (relational to Question 7)
20. L Erm. I'm not sure how to describe it really. If...if I can tell you how I was ref...referred, maybe you could probably explain to me what type of therapy it was
21. P Ok
22. L It - I used to go and see somebody – a counsellor in a cancer care centre
23. P Yeah
24. L In my area. And she looked after carers of people
25. P Ok
26. L Looking after people with cancer
27. P Ok. It sounds as if it was supportive therapy but I don't know under what model
28. L Right. I couldn't tell you what model it is either
29. P Ok. Alright. Was the counsellor male or female? (relational to Question 8)
30. L Female
31. P Female. And approximate age? (relational to Question 9)
32. L She...I happen to know she's fifty-five
33. P Ok
34. L Only because she worked at the same hospital as me

35. P Ahh. Ok. Ethnic origin of therapist?

36. L White British

37. P Ok. White British (writing note). So, did you choose the therapist yourself or was she designated to you via an organisation? (relational to Question 10)

38. L Erm. She was kind of designated to me because I did actually go and see someone who I couldn't quite connect with

39. P (Intercepts) Ahh

40. L So (pause) she came – she saw me instead

41. P Ok. Alright. And I'm understanding that you didn't have to pay for it? (relational to Question 11)

42. L No I didn't, no

43. P Ok. Now, you don't have to disclose this, because the actual research is about the actual therapist – herself in your case...you can tell me yes or no or you can tell me, it doesn't matter...was the therapy for a specific issue? (relational to Question 13)

44. L Yes it was, yes

45. P (pause). And before this set of ten sessions, did you have any previous knowledge of counselling and if so, what? (relational to Question 14)

46. L Erm I've seen the same person previously

47. P Ok

48. L For a similar issue and I used to work with (name of a colleague). So that was probably my first knowledge of counselling, actually

49. P Right, so when you say work with (name of colleague), I know nothing apart from your name's Laura so have you got any counselling qualifications?

50. L No I don't. I used to be a nurse where she worked

51. P Right

52. L I didn't work directly with her, we were just in the same...

53. P Right ok...because I didn't know that...when she mentioned your name I chose not to ask

54. L Is that a problem?

55. P No! no...not at all. Erm...if anything it's better because what I'm looking for are clients who've participated in therapy. What we find as counsellors is that a lot of people who are counsellors have already had therapy so they would fit the criteria as well. So some people that are comin' through to me on this research are actually qualified counsellors because they've had therapy.

56. L Right

57. P...But initially in my mind, what I was looking for is 'lay-people' that haven't got any previous...well, knowledge of counselling

58. L Yeah (laughs) I'm definitely in the lay category

59. P (Laughs) Well, you know, I think you're nurse-trained so you're health-care trained that's for sure but erm that's fine. Ok. Next question on my little-sheet, do you believe it's important for a client to experience their counsellor as congruent – which can also be termed as genuine, honest, open, real and authentic? (relational to Question 15)

60. L Yes, absolutely
61. P Ok. I'm writing this down as well as having the tape just in case it doesn't work!
62. L That's fine
63. P Ok. Right so, what is your understanding of the term congruence or genuineness, honesty, openness, realness and authenticity in terms of a counsellor? (relational to Question 16)
64. L Erm (coughs). Well I think it's really important that if you're going to go to somebody and open up things that are potentially gonna make you feel vulnerable or upset
65. P Yeah...?
66. L...Erm and basically you're just opening everything out to somebody that maybe you can't talk to people about then you're gonna have to feel safe
67. P Yeah
68. L...And reassured that the person knows what they're doing
69. P Yeah
70. L That's...that's what I understand it as, anyway
71. P Ok...so, in order for you to be able to know that they're being genuine or open or honest or real and authentic they've got to erm...so some professional skill would you say?
72. L Yeah absolutely and maybe they should even tell you what their qualifications are?
73. P Yes, yes
74. L Erm you know. I...I was going into an organisation which was a charity but say I was going to somebody's home
75. P Yes
76. L I'd want...you know it could be any old Joe, couldn't it?
77. P 'Course it could
78. L So you need to know properly if they're qualified and able to do what they say they're gonna do
79. P Yeah. That's true. And, as yet counselling is not a regulated profession so anybody could set themselves up as a 'counsellor'
80. L Yeah
81. P Mm. Ok...erm did you perceive your counsellor in the ten sessions to be congruent in therapy sessions? (relational to Question 17)
82. L Yeah
83. P Ok. How?
84. L Erm because of previous knowledge
85. P Yeah
86. L Erm because I know...I knew the person was qualified
87. P (Intercepts) Yeah
88. L ...To do the job she was doing' and also specialises in the reason why I was going
89. P Ok
90. L Erm (pause). I just can't think
91. P Take your time. It is hard...especially when the questions are not in front of you, you've got to remember the question and think around

92. L Yeah. Can you repeat the question again, Pam?
93. P Yeah, yeah, did you perceive your counsellor to be genuine, congruent in therapy sessions so how, how did she show that?
94. L (Simultaneously) Yeah...so we know she's qualified, we know she specialises in the reason I was going there
95. P Yeah
96. L Erm...it's a...it's a well-recognised organisation in this area
97. P Yeah. In her as a person, how did she demonstrate that? I realise it's a hard question
98. L It is
99. P It is
100. L Her as a person?
101. P Yeah
102. L Erm, she's a person that I could connect with, erm, I felt safe, I could trust her with information
103. P Yeah
104. L...She was very knowledgeable about the issues I was going with
105. P Yeah
106. L Erm...and it...and it didn't matter if I was upset or didn't say anything or I did say anything
107. P Yeah, ok
108. L She could cope with whatever I just walked in with
109. P Right, ok. Yeah. I suppose that's interesting that you say she could cope
110. L Yeah
111. P Yeah. And I suppose that's where the professionalism comes in as well, isn't it?
112. L Yeah, yeah
113. P Can she handle it type-thing?
114. L That's right, yeah
115. P Ok. Right, so erm...next question on my list, erm if you did experience you counsellor as congruent or genuine, do you believe it was important for you when you were in counselling? (relational to Question 17)
116. L (Pause)...Yes
117. P Ok. Why?
118. L I think for the reasons I said before
119. P Yeah
120. L ...Cause you have to be able to trust somebody
121. P Yeah
122. L...With your most private, upsettin' stuff
123. P Of course (pause). Ok so, in terms of the ten sessions, is there any particular moment you remember above all the others in relation to her genuineness? (relational to Question 18). Is there anything that stood out?

124. L (Long pause). I think the thing that comes to mind straight away when you say that is that I went in one day and I was absolutely sobbin' and it just didn't faze her at all
125. P Right, ok (softly).
126. L I wasn't...I didn't feel uncomfortable either
127. P Right. Yeah (pause). This seems as if this is the main thing for you, Laura, about somebody being able to cope. 'Cause I think if you feel yourself, perhaps, that you can't cope, it's like well, if I can't cope how will somebody else cope with me?
128. L Yeah. Exactly
129. P Yeah (long pause). Ok. So, how is it, here to reflect over the phone about your counsellor's genuineness...how is it? (relational to Question 19)
130. L How is it...?
131. P To talk about her genuineness?
132. L How easy is it did you say?
133. P How is it in general...how does it feel?
134. L How does it feel?
135. P Mm
136. L Erm...how does it feel, gosh, it feels...I can't say it makes me feel...hesitating, it doesn't make me feel excited or glad or anything, I just feel that erm...she's done a really good, professional (pause) job, really
137. P Yeah. So you can recognise how helpful it was, it seems, for you?
138. L Yeah. Absolutely, yeah
139. P Ok. Right, so...any questions you would like to ask in terms of what I've been asking? (relational to Question 20)
140. L Erm no. I don't think so
141. P Ok. Erm...just one final thing. In terms of how she worked with you, 'cause I know that I was...I suppose identifying that it's supportive therapy, 'cause it does seem as if it was 'supportive' work
142. L Yeah
143. P Did she erm...give any scenarios or erm disclose anything about her home life or her personal self in terms of the relationship that you and her had?
144. L (Pause). I'm not sure I'm understanding what you mean by that
145. P Ok...well, we know that she was supportive and you will have gone and confided in her. I'm wonderin', 'cause this is about genuineness and honesty, and openness and realness... if she shared anythin' about herself or was it purely the professional erm...relationship? I know you said earlier, I know she was fifty-five because she did her trainin' such and such
146. L Yeah
147. P...So you're aware of that; I'm wondering did she disclose?
148. L (Intercepts) Yeah...I think that came up in erm...I think I asked her the question when I first started goin' there, you know as we said before, how did you get into this work
149. P Yeah

150. L Erm and how are you qualified 'cause it was completely new to me at the time
151. P Yeah
152. L And it came up in that conversation that she'd trained at a certain hospital in the same year and it just happened to be where I'd trained
153. P Right
154. L But I'd never actually worked with her so
155. P Yeah
156. L And I think very occasionally (pause) she might have said something about an experience that she might've had
157. P Yeah
158. L Erm..but I...I...I...think, to be honest, that she did actually succeed not really giving away her own personal
159. P (Intercepts) Yeah
160. L...Details. But there was one occasion, I'm sorry I can't actually think of what it was
161. P Doesn't matter
162. L But where she did bring up a possible scenario (pause)...I honestly can't think of what that was
163. P That's fine
164. L But overall, she didn't really disclose much about her own personal life
165. P And was that a good thing, a not good thing or what?
166. L Erm...I think that's probably a good thing but that's where the lines are a bit blurred. From my professional point of view, I'm not supposed to give away
167. P No
168. L...My personal stuff either
169. P No
170. L So...
171. P You understood why
172. L Sorry if I'm a bit biased in that
173. P Well, I don't think it's a case of being biased, I think it's a case of yeah, keepin' the relationship professional
174. L Yeah
175. P But it sounds as if
176. L (Intercepts)...You've got to keep some sort of distance
177. P Of course
178. L 'Cause there's a fine line, really...you don't want to be too distant but then you don't want to be too close because you don't...you don't want a friend
179. P No, no. That makes sense
180. L I don't think that's appropriate
181. P Ok. Erm I'm thinking if there's anything else. I think that's about it, really. Would it be ok if I call you in say a week's time, just to check that what I've written down is accurate? (relational to Question 21)

182. L Yes, of course
183. P Would that be ok
184. L Yeah
185. P Have you got a diary and we can book a time?- ten minutes or so
186. L Next week is when I'm doin' that induction
187. P Right, ok
188. L Erm (pause) Could it be in an evening?
189. P It can be any time you want. I'm basically at the mercy of participants to a large degree
190. L I hope it's been a little bit useful for you?
191. P Of course it has. But I want it to be useful for you as well. It's harder on the 'phone that's for sure
192. L Yeah
193. P But I want you to take something positive from this as well...whether it's a little bit more insight maybe into counselling or reflective stuff about your process
194. L Yeah, yeah
195. P I don't want clients - participants to come here, give information then feel used-almost...that's not what I want
196. L No
197. P...I want to do some good for the actual people that are participating
198. L Yeah
199. P Ok... you state when...
200. L Okidoki diary's open Wednesday or Thursday next week is that 19th or 20th?
201. P 19th and 20th is Wednesday and Thursday, yes
202. L So anytime in the evening those two days
203. P Ok how about Thursday 20th at quarter past six?
204. L Thursday 20th at 6.15. No problem
205. P Does that sound ok?
206. L Yeah
207. P Do I call you on the same number?
208. L Yeah
209. P Ok. 6.15 Thursday 20th October I've got that down. Would you like a copy of when I eventually write them up...a copy of the findings?
210. L Erm...I've put no on the form
211. P Ok. Alright. That is fine....

End

Data checking session via telephone – Participant Number Two

1. P How were you after last time...what did you think about the research?
2. L Er fine. I wasn't sure if I was as much assistance to you but I didn't have any sort of issues with it apart from that really (laughing)
3. P Well I think you were. I won't know how useful until the end but you know, you gave your story and that, that's fine. A couple of things...just to check that what I've written down and typed up is as you said. In terms of ethnic origin you said British, am I understanding that's White British?
4. L I think I said White British at the time, yeah
5. P Right, ok. Alright. And, I'm understanding that you found the counsellor helpful i.e. congruent as we were talking, genuine, open and honest?
6. L Yeah
7. P Yeah. Anything that's come up since then that you've thought of in relation to her?
8. L Erm (slight pause) no, not really. The only thing I thought really was erm how lucky I was to find – to find that sort of a service
9. P Ahh (pause)
10. L...At a time when I needed it really and it was just by chance that I found it you know?
11. P Yeah (pause). Well that's really nice. Erm...I think even just that one sentence in you participating that it will've been helpful to you. I think it's nice to be able to reflect on what's happened and certainly if you've had a good experience to actually
12. think and be grateful for it and it sounds as if you are
13. L (Intercepts) Yeah, definitely
14. P Ok. Well, thank you for participating. I know you said you didn't want a copy of the findings, that is ok
15. L Yeah
16. P I got the signed form as you said, day after
17. L Oh, right (brief laugh)
18. P Good luck for the future. I won't know you if I ever see you but thanks for taking part
19. L Yeah. No problem at all. If there's anything else you want to ask you know, ring anytime it's not a problem
20. P Ahh, thanks very much, Laura, ok
21. L Bye bye
22. P Ok, thank you, bye bye
23. L Bye

End

Pam (P) interviewing Andrea (A) Participant Number Three Face-to-face

CORE Form filled in: Score 2

CONSENT Form filled in. Participant would like a copy of the research findings.

1. P Ok. Well, Andrea, thank you for filling in the CORE form and the consent form. Are we ok to start?
2. A Yes
3. P So just...I have a format but there may be some questions in between that I feel may be relevant so if it's ok if I can stick to my form – ish, but ask anything else that comes up. Does that sound ok?
4. A That's fine
5. P Ok. Gender, we know you're female (relational to Question 1). And age; how old are you, please? (relational to Question 2)
6. A Forty-two
7. P Forty-two. And nationality? (relational to Question 3)
8. A British
9. P And what would you describe your ethnic origin?
10. A Erm...I'm of African-Caribbean decent
11. P Obviously the tape is on, but if I write it down I think I will hear it better
12. A Ok
13. P Just some of the stuff. Ok, so in relation to the counselling, how many sessions did you have? (relational to Question 4)
14. A Erm I had...it was over...probably erm about ten months
15. P Ok. And how many would you say?
16. A Erm...that was on a weekly basis then towards the end it was every two weeks
17. P Ok...so what are we talkin' there...how many would you say?
18. A Erm...if we say four a month (working out calculation)...I'd probably say forty-five to fifty sessions
19. P Ok
20. A And hour sessions they were
21. P Ok. So, when did the counselling start? (relational to Question 5)
22. A That would have been erm...last year...it finished erm about February this year (relational to Question 6)
23. P Ok so 2010 to February 2011?
24. A Yeah, yeah
25. P Ok that's fine. So, what type of counselling was it? (relational to Question 7)
26. A It was – I'd say it was more integrative. My counsellor – her main approach was TA (relational to Question 8)
27. P Ok

28. A Which is humanistic. And as my issues were really at that time were around family and my position in the family it – it kinda suited me to have someone who had that understanding of – yeah, those kinda dynamics really
29. P Ok. So, approximately how old was she? (relational to Question 9)
30. A Oh, definitely erm...I would say she was retired so at least sixty-five
31. P Ok. And her ethnic origin? (relational to Question 10)
32. A Erm she was White British
33. P Ok. So, did you choose the counsellor yourself or was she designated to you by an organisation? (relational to Question 11)
34. A (Intercepts) I chose her myself but there was...at the time I was doin' some trainin' and there was a list of people erm that we could look at. But also, a friend of mine had gone to this particular person so when I saw her name on the list
35. P...(Intercepts) Right, ok
36. A...I thought it's probably worth givin' her a shot
37. P Ok. So, basically you had a choice and you chose her through recommendation it seems?
38. A Yeah
39. P Ok. Did you have to pay for the counselling? (relational to Question 12)
40. A Yes
41. P Ok. And, was it for a specific issue? I know you mentioned it was for family stuff you were goin' for erm...but would you say it was for a specific issue? (relational to Question 13)
42. A Erm...I think that was probably the main issue but I think it was around as well sort of my own development. And, yeah, kinda my own development, really...my own personal development
43. P Alright. Ok...I've got a question here. It says, did you have any previous professional knowledge of counselling? Now, I'm aware that you have got professional knowledge so how would you describe your professional knowledge of counselling? (relational to Question 14)
44. A Erm...well I'm qualified, myself. Erm, but I've had previous personal counselling in the past erm for about, probably a year and a half, and that was...I'd say that was a bout ten years ago
45. P Yeah. You have sufficient knowledge about the field, that's for sure
46. A Yeah
47. P Ok...next question here on my list, do you believe it's important for a client to experience their counsellor as congruent...and I've also put here, genuine, honest, open, real and authentic? (relational to Question 14)
48. A Oh, definitely. There is no way that erm I'd have stayed with my therapist for the length of time I did and what I have actually done after finishing and having a bit of a break, is joined the group that she was facilitating anyway, so now I'll be in a therapy group. Erm, if I hadn't experienced those things there's no way I would have continued
49. P Mm. And I suppose it's difficult, isn't it to a large degree to be able to separate your knowledge of counselling from the actual client experience. I wonder would

things be different if you weren't a trained counsellor? We wouldn't know that, would we, really?

50. A Erm...I think I would still know what I would want

51. P Yeah

52. A...I hope I would still want the same things if I had this knowledge or not

53. P Yeah

54. A...When I...like I say, when I went for my counselling before, I was training then so I didn't have any understanding of actually being a client; it was the first time I had ever had therapy in my life erm...so....but I still expected the same sort of things. I might not have had those words

55. P When you say the same sort of things, what would you say that they would be?

56. A I wanted to meet somebody who understood me erm...and what was really for me, for this particular, my more recent counsellor, was that I found out as we worked together that she'd actually adopted erm...I think three dual heritage children

57. P Mmm

58. A...When they were little...probably thirty years ago. So that for me, was like wow...you're gonna hopefully understand my experience a little bit better because of...I'm imagining some of the experiences you would've become aware of because of the children you adopted

59. P Right, ok so that sounds as if it's about understanding again

60. A (Intercepts) Yeah

61. P...And you mentioned an earlier point that seems as if it's definitely about understanding and being on the same wave-length really

62. A...Yeah and sort of not having to explain too much. You know, not having to, just be understood and erm...

63. P (Intercepts) Be identified with

64. A (Intercepts) Yeah

65. P...And that's the empathic understanding, isn't it, really?

66. A Yeah, yeah. I experienced her as real and genuine and like I say, when I found that out, it just was another, like wow, yeah, I can work with this person 'cause hopefully she will understand what I'm saying but also she will erm kinda validate some of my experiences as well because she was – and she is still my therapist but in the group now erm...she is a white woman, an older white woman, but she had that...she made a choice to do something that I think was really quite brave, you know, thirty or forty years ago, to adopt these children (relational to Question 15)

67. P So when you say validate, erm, I mean I'm thinking of the core conditions that I know you're aware of, erm...in terms of the validation, is that to do with the unconditional positive regard do you think?

68. A Yeah; it's about respect and it's also about erm...respecting the individual's experience and not feeling the need to erm I don't know...

69. P Justify?

70. A Justify or anything but just accept that you know, your experience is different than mine and that's ok and I think because you know in my own head, however I work it through I feel like I have to explain my experience more than because erm 'cause you

wouldn't necessarily understand it 'cause you're a white woman, but when she told me as we worked together that she'd done this and obviously she's now a grandmother to the children she adopted

71. P Mm

72. A I thought, yeah, I can see there's gonna be an understanding, there's gonna be an extra empathy of what it's like to be erm you know, a black woman, really. Erm, by all accounts her children are similar complexion to me and are blah-di-blah-di-blah

73. P So I suppose in terms of this research, where I'm asking about the genuineness and

74. the openness and the honesty and whatever, this fits very much with you doesn't it?

75. A Yeah

76. P...Because she was honest and she was open and she told you about her experience so it sounds as if that helped the relationship

77. A Definitely, definitely. I think her sharing that was her way of saying I want to work with you as well. It was – she didn't need to tell me but I hope part of why she told me was to say I accept you in some way or I accept you maybe more than you would generally think I would accept you

78. P I mean, thank God we don't have to go through everything that our clients go through but I'm wondering if she hadn't have had that experience of the three children

79. A Mm

80. P...Her genuineness – I'm wondering if that would have taken the path of well, I've n experience in that area but tell me about it?

81. A Yeah

82. P...It could have been a similar way of doing it, could it?

83. A It would have been but I think for me it was just so refreshing that I didn't have to do that

84. P Yeah

85. A Because I've thought in the past – not necessarily while I've been in therapy or the woman that I saw before she was dual heritage erm...so she had some understanding of...her dad was black and her mum was white and she had some experience erm but erm yeah, I think erm it's just so refreshing when you don't have to keep explaining everything especially you saying am I getting' it right, am I gettin' it wrong, is it in my mind, am I just makin' it up, is it this bad, is it not?

86. P That sounds really sad doesn't it, to doubt yourself...

87. A Mm

88. P...So much

89. A It does. I don't think that erm – it's kinda what I do. It doesn't feel a big thing now but when I hear someone who says I do have experience of working with someone who isn't white, then it is refreshing because then I think well, this is gonna be easier

90. P Ok

91. A You know, so that for me it was like yeah, I don't have to do the explanation thing, I don't have to sort of say, well you know

92. P (Intercepts)...Don't have to educate

93. A I don't have to explain and that just made it so much easier. And, it made me feel then more like the client rather than me being the
94. P & A (Simultaneously) Educator
95. A You know, so it did feel like yeah, I'm actually being the client now and erm
96. P It sounds as if it's something to do with capability then as well and experience
97. A Yeah, I mean she was older, wiser erm yeah, she knows her stuff but for me personally, what did it in terms of what I thought yeah, this is gonna be someone I'm gonna be able to work with was when she was telling me of this experience and I thought, yeah, this is someone I'm gonna be able to work with. Plus when she was telling me of her experience and I thought you will understand what it's like erm...it's not been my own personal experience you know, I haven't had obvious discrimination but I do know it happens so when you have somebody who can say yeah, I adopted these children and you know everyone basically was saying you're crazy, but her and her husband did and you know it – it – I just feel and have felt with this person welcome and invited; yeah I just felt welcomness (relational to Question 16)
98. P & A (Simultaneously) And acceptance
99. P Ok. So erm...is there any particular moment that you remember above all others in relation to her genuineness? So, when you think back to the time with her, can you think of any particular moment in which you really felt her genuineness? (relational to Question 18)
100. A (Slight pause) I think when I felt her genuineness most 'cause I felt it many a time, I think most is when she's been talking about her experience with the other children
101. P Yeah
102. A...And what that was like. And it's not been a case of she's told me every single thing but it's always been I think in a kind of way to show her understanding of what I'm going through
103. P And the identification
104. A Yeah
105. P So would you say – this is not a question on my list, but it's one that has come up as I have been doing this, would you say that she used erm elements of self-disclosure then?
106. A Yeah, definitely
107. P Ok. How much would you say?
108. A Erm...I'm gonna say probably about ten percent
109. P Yeah
110. A It was only little but it was about what she disclosed
111. P Appropriate
112. A It was what she disclosed. I don't need to know everything' about everythin' but it was just that what she disclosed was appropriate to me and it felt like she was telling me this for my benefit not for her to offload or you know...it felt like I'm gonna say this because of this...appropriate
113. P Yeah. That's nice
114. A Yeah

115. P So how is it to sit here and to talk about her genuineness?
116. A Erm...I think it's well, I think I'm telling the truth! Erm, it feels...I don't feel I'm saying anything that I wouldn't say to her face. I think that erm it is an accurate reflection of our time together on one-to-one and that is the only reason I continued with her
117. P So you're being congruent about her congruence?
118. A Yeah. I couldn't – I wouldn't have done it and you know I'm paying her for these things – I'm paying for the counselling, I paid for it one-to-one, in the group erm and yeah, I wouldn't be doin' it otherwise. It was definitely worth it
119. P Ok. So in terms of you being a qualified practitioner, yes we know, do you think that if you were in the place of her, that you would have been any different to her in relation to congruence? That's a really hard question
120. A I'm tryin' to think. How, what do you mean?
121. P Well, erm you were the client, she was the counsellor, if it was the other way round, how do you think you would have been in the session if she was coming to you
122. A...With the issue that I had?
123. P Yeah
124. A Well, I would hope I would be genuine. It's one of the things that I really I was gonna say pride myself on being genuine and that I want my clients to meet a real person. I want them to meet somebody who they know is just real you know and I think there's something about showing enough of yourself in order to meet somebody so I would hope if it was the other way round and I can only go off how I'd be with other clients, that I'd be the same. Any disclosure I would make would be appropriate and would be in the service of the client
125. P So...I mean, the whole person is made up of you the professional, the mother, the daughter...all those components. You as the client, do you think that congruence in that set of therapy sessions was more important than unconditional positive regard or empathic understanding or parallel...if you put yourself in those moments when you were sitting there and you were explaining to her and she was telling you little bits about her life and her three children. Which would you say was the most important of those core conditions if you could order them?
126. A If I could order them? I'm sort of strugglin' with the idea of being able to order 'em 'cause I think you need 'em all
127. P Yeah.
128. A You know, for me, I need 'em all and there's something quite...I was gonna say incongruent about not having the others
129. P Yeah
130. A To me, it's the whole package and I would feel kinda erm possibly kinda patronised if I was thinkin'...you're just kinda doin' that but you're not doin any of the other
131. P Mm
132. A I need the whole thing. I need to meet a real person – that's what I met with this therapist

133. P Mm I suppose it's that word real, isn't it
134. A Yeah
135. P Ok
136. A I need that
137. P So any questions about what we've talked about today? (relational to Question 20)
138. A Not really erm (pause)
139. P How's it felt? (relational to Question 19)
140. A It's felt good to actually talk about it, really
141. P Mm
142. A You know, 'cause I wouldn't necessarily have said, without being asked the questions, you know what was it, and like yeah, oh yeah I do remember when she said that and the difference it made
143. P Mm and that's what I want from this research as well. I mean obviously I need to ask questions and get data but I want people to be – you know, to be left with some opportunities to reflect rather than I ask the questions, you give me the answers and then that's it
144. A Yeah
145. P You know, I want to be able to do some good Ok. Well, thank you for answering the questions. Would it be ok if we have a follow-up interview in a week where I can contact you in a week (relational to Question 21)
146. A Yep
147. P... To see if all the data that I've taken down, all the notes are correct?
148. A Yeah, no problem
149. P Ok, well we can arrange that. I'm gonna stop this now yeah?
150. A Yep
151. P Ok, thank you

End

Data checking session via telephone – Participant Number Three

1. P Ok...well thank you for being available Andrea, for this brief data-checking session
2. A Okidoki
3. P Is there anything from last time left over that you have thought of since?
4. A (Slight pause) No
5. P No. Ok I think I understood from listening to the tape that you found therapy helpful, and that the counsellor was able to identify with you and because you had a connection in terms of family history lets-say, that was perhaps the most useful thing to you?
6. A Yes
7. P Ok. I think – without going through the full script that everything else I seem to understand so...nothing else has come up?
8. A No, nothing at all
9. P Ok. Alright; thank you for that
10. A Is that it?
11. P That is it

End

Pam (P) interviewing Martine (M) Participant Number Four Face-to-face

CORE Form filled in: Score 2

CONSENT Form filled in. Participant would like a copy of the research findings

**Prior to the tape commencing, the participant apologised; her dust allergy had been affecting her that morning. On listening back to the recording, there is some background noise in relation to the client needing to clear her sinuses throughout the tape.*

1. P Okidoki. We know that you're female (relational to Question 1)
2. M **Yep**
3. P We know that you are twenty-three (relational to Question 2).
Nationality...British? (relational to Question 3)
4. M **Yep**
5. P How many sessions of therapy did you have? (relational to Question 4)
6. M **Eight**
7. P Eight
8. M **Yep**
9. P And when did you start? (relational to Questions 5 and 6)
10. M **That was around January to February area because I remember I was concussed in the middle of it!**
11. P Concussed?
12. M **Yeah when I slipped and fell on the ice**
13. P Oh, right
14. M...**I remember having to have a slight break**
15. P Oh, right, ok. What type of counselling was it? (relational to Question 7)
16. M **It was an hour long session, sat in a room, one on one**
17. P Ok. Did it have a name do you know?
18. M **I've got.....(therapist's name) in my head, a woman, a blonde woman. I can remember where she lived!**
19. P Ok. Was it any particular, how can I say, form of therapy...did she give you a word to say x name?
20. M **I remember her saying to me, she couldn't do, because I went through work, because it was when I was having all the trouble with the boss, and got really stressed out, erm, we have occupational health at work and I sort of got put through that 'cause I was hysterical before I got into work most days**
21. P Right, ok
22. M **And when I went through it was classed as.....(name of an organisation) and she kept saying because it's.....(name of the organisation) I can't do any other therapy, I can't do any...**
23. P Right

24. M...It was basically just talking through it. Some of the things she did do, she put a cd on one week, I don't know whether you'll know the term, describing this, like she put headphones on and things where you had to picture what's goin' on
25. P Right
26. M And then we did breathin' exercises, breathe in, hold it for five seconds, breathe out for seven seconds or hold your breath for seven seconds and breath out for nine
27. P Right
28. M...Buildin' that up
29. P Now that's interesting. Well, I think it's a mixture of probably...integrative counselling
30. M Yeah
31. P... Different types of counselling put together with some guidance, relaxation and that kind of thing
32. M Yeah
33. P I'm understanding that as part of.....(name of organisation) through work it's an Employee Assistance Programme – an EAP so that's understandable
34. M It was...I can't really cover this with you 'cause they won't allow it, I think it would suit you but I can't do it
35. P Ok. Alright. How old was she? (relational to Question 9)
36. M She was early forties
37. P Ok. And what was her ethnic origin? (relational to Question 10)
38. M British
39. P British (pause). Ok, so did you choose her or was she designated to you by the organisation? (relational to Question 11)
40. M She was picked for me. Because apparently they just put a call out, anyone...they do it based on your area and they just ring up and say they'll do it
41. P And, I'm understanding you didn't have to pay for it? (relational to Question 12)
42. M Nope
43. P So, was it for a particular issue (relational to Question 13) and you don't have to disclose what...I know you've already said about the stuff at work. Was it for a particular issue?
44. M I don't mind saying, to be honest, it doesn't bother me anymore. Basically it was when all the stuff happened. We lost a manager at work
45. P Yeah
46. M And there were two in charge and they kept leaving me on my own on shifts. So, I was working in the week and in between three o'clock and six o'clock it'd just be me and him and he'd be oh I need paperwork...that was happenin' all week and then on a Friday night I was bein' left for like six hours and then it sort of built up over the weeks and I sort of spoke to them and said look, it's upsettin' me, it's startin' to stress me out quite a bit and it sounds silly but 'cause there's two sides and I'm getting' loads o' customers it...it...it's stressin' me out
47. P Mm
48. M If somethin' happens, I'm on my own, I really don't like it

49. P So it was work stress
50. M Yeah. An' it just sort o' built up, quite sort of intense over a few weeks and went out o' nowhere, 'cause I've had issues – it just sort of blew up quite quickly
51. P Alright. Erm...So before the counselling di you have any previous knowledge of counselling? (relational to Question 13)
52. M I had slight knowledge of it but I'd never done it!...(laughing)...if that makes sense?
53. P Yeah-er ok. So what would you call slight knowledge?
54. M I got recommended books and things
55. P Ok (pause). Alright, so next question
56. M Yeah
57. P Do you believe it's important for a client to perceive their counsellor as congruent?; now that can also mean genuine, honest, open, real and authentic
58. M I do, yeah. Because I think when you've got to go and talk about stuff that to you is quite personal, that I know one thing I found, it's like back then it didn't...I mean I'm not – I'm still not great but I don't like talkin' about it generally
59. P Right
60. M And especially back then I was very like (pause)
61. P Mm
62. M And I think and I know when I went in she was like, you seem really on edge and I was sat like, so tensely. And I think when you know like, you say open and honest, you've got to build that trust to be able to tell them what's happenin'
63. P Ok
64. M ...If that's not there then I don't see how you can get through your issues
65. P Right, ok, so you're saying then that one thing was the genuineness because of the way that you were able to trust her
66. M Mm
67. P...And you wouldn't have done otherwise?
68. M Yeah, yeah because as well I think when they're, when they're honest, you can trust them and they're genuine, it, it does make you trust them more and it makes you want, it does help you open up a little bit more. 'Cause then, it sounds silly but it almost feels that they're more interested whereas if they weren't it could come across a bit like, oh well, you're just sort of doin' your job
69. P Ok. So, what is your understanding of the term 'congruence' or genuineness within a counsellor? (relational to Question 16)
70. M What do I think that she'd be?
71. P Well, how would you understand the term, the word 'genuineness' in relation to a counsellor?
72. M Genuineness within a counsellor, just basically I think it's just that...they *genuinely* want to help you...it's just I don't know...
73. P (Intercepts) Has that got to do with interest then, I wonder?
74. M Yeah, almost but just that they're genuinely sort of...it's the whole demeanour I think, the whole package almost, because...that interest does come into it because I think you want to know they're genuinely – they do want to help you but also – I

don't know, it's almost like, you know when you get a demeanour of someone, you can generally tell

75. P Ok, so you're saying it's her whole persona?

76. M Yeah, it's just that trust thing, especially with me!

77. P Alright. Ok, so I understand you did experience your counsellor as congruent, genuine, erm, and I'm understanding that it was important for you. I think we know why your saying...because you were able to trust her

78. M Aha

79. P Is there any particular moment that you remember above all others in relation to her genuineness, or honesty, openness, realness (relational to Question 18)

80. M Yes, actually I do. The one thing that jumps out was when I was havin' the trouble with work, what ended up happenin' was, I'd spoke to my dad and...he doesn't mess about with anythin' and I think he was realisin' how upset I was gettin' and I told him what'd gone on. And basically he said, have you spoke about it and I said, yep, tried sortin' it, cut a long story short, he said grievance it

81. P Mm

82. M He said, they're not gonna fix it, do it formally, they can't hide it, you've got to deal with the issue, you've got to sort it out for you. 'Cause that was a big thing that added to the stress because...because we have no manager, that's the person who'dve dealt with what he'd done

83. P Yeah

84. M It had to go to the top boss above it so it was the whole question of dealin' with the top boss. Basically, it all went through when we had the meeting the what's the word...?

85. P Appeal?

86. M Detailed...

87. P Investigation?

88. M That's the one! (laughing). He came back and he basically, like, yeah, you're completely right...I was quite shocked really...admitted everythin' and said they shouldn't've done it, they were havin' meetings the were havin' another manager and this, that an' the other. We sorted all this stuff out so it wouldn't happen again an' basically you get a letter through afterwards don't you, sayin' we've found your grievance to be de de de ...and I'd said it was a mixture of yeah, the staff availability wasn't great but but wasn't the issue. The manager'd been told what'd gone on, he'd not dealt with it, he'd continued to leave me on my own. I'd – I'd spoke to them

89. P Well you were abandoned

90. M Yeah, basically and I said there were all these issues like the staff, the managers and like the lack of communication but I remember getting' this letter through and they'd put on the letter this guy(name of individual) the manager had found a grievance due to the lack of the availability of the staff and I remember goin' in and I was really genuinely upset about it and said why have they admitted everythin' then and I remember showin' her and she was really genuinely upset for me and I remember her sayin' you've gone through all this, all these weeks while

we've been counsellin' and you've been tellin' me all that's been goin' on as it's been happenin'

91. P Mm

92. M...All these meetings with the grievance and she said you and I think it's surprisin' how genuinely upset she got for me. I always remember that

93. P That sounds as if it's to do with understanding I suppose really

94. M Yeah. And it sort of...I don't know it's almost as if like it made me feel that over the so many weeks we were doin' it she had like got involved in it, personally. Even though, I know it sounds daft, even though it's somebody's doin' a grievance and she's just (pause)

95. P Mm

96. M...'Cause I remember her sayin' you know, you've done all this and you've sort of...you've been really brave

97. P Mm

98. M...You've kept up with it, you could've said oh I'm not doin' it, it's too much, you've sort of carried on with all the nerves and the stress and done it. She was almost the one who was sayin' you know – considerin' I don't know whether to bring it up and she said, you should do

99. P Yeah...it sounds as if there's something there about her feeling quite proud of you

100. M Yeah – but it was really nice you know and I remember her sayin' I think you want to push it back through and I think you've got this far, and er...

101. P She was supportin' you

102. M Yeah. And I went back and made them change it

103. P Ok. Did she give you any scenarios involving her own life...did she disclose anything about herself if you think back over the time of the eight sessions?

104. M Nothing personal-personal like er...the only thing she did was it sounds silly but one week when I came in she's got a daughter, and she'd sort of, oh...the daughter's in there, the dog came chargin' through, he managed to get through the door and sort of hurtled himself at me erm and that was sort of the only I mean not in a bad way like sort of gave the dog a fuss, it was like some (breed of dog) and we went into the room. That sort of I know it sounds that little thing, we were talkin' for about five or ten minutes just about animals and goin' on about...nothing like secretively, but it was just a general bit of her life

105. P Yeah, so how was that then?

106. M It was nice, it was interestin' I think it brought...I know it sounds daft 'cause it was one of the first weeks it sort of broke the ice, knowin' that little bit more and bein' able to *relate* because obviously I love all my animals and we got talkin' 'cause she was sayin' her daughter was animal mad and I started and sort of said oh my sister's the same, and we're, we've got this and that

107. P Mm

108. M And she said we always get rabbits through from er the vets like rescue animals, they need re-homing like re-habilitating before the go out. It wasn't anythin' you know, like (pause)

109. P No...but I think you're saying it gave you an insight...I think...brought the relationship a little more
110. M Yeah
111. P...Closer
112. M Yeah. And it's somethin' probably to most people that would be a bit silly but it made me sort of understand *her* more as a person 'cause it was a little part of her life that you know a bit more about and it sort of – again, it might sound daft, but it made me trust her a bit more because I'd never in the past when I've had these issues, spoke about them I've just...head down, keep goin'
113. P Mm
114. M It was almost an important part of me being able to trust her to talk to 'er
115. P Mm. So how is it to speak here about her genuineness? (relational to Question 19)
116. M It's quite nice actually
117. P What makes it nice?
118. M Because it makes me think back to her as a person, not not nice stuff, just because she was really nice, very calm, very genuine and a really nice person. It's like when you look back, it's a nice little memory, makes you smile a bit
119. P It sounds as it was a positive experience for you
120. M And as well one thing I do think is doin' that has sort of opened me up so that I do talk about it more. I don't talk-talk about it, I don't, I know it sounds silly like some people but like I had this and this I don't go...absolutely no-one at Uni knows that I have it except for my personal tutor just because I said if one day I have a blow up I wouldn't like everyone to be like what the hell's she doin' 'cause it's not nice to watch but (pause)
121. P Are you referring to panic attacks there?
122. M Yeah because I said you know it's almost as stressful for the person watchin' as it is for the person
123. P If they don't understand yeah
124. M Yeah
125. P It's like tryin' to warn the almost
126. M Yeah. So I've only told him...my teacher doesn't know knows 'cause it sounds stupid but I almost feel that with some people if you mention it 'cause you think I'd better just make them aware of it you almost get a look of like sympathy – that they don't know how to sort of say anythin'...it doesn't *bother* me
127. P It doesn't sound stupid I suppose it's quite naïve really, and it takes courage to be able to say, doesn't it?
128. M Yeah it sounds silly but I get fed up of them lookin' at me like I'm (pause) ...it's a slight problem but you just get on with it
129. P And what's happened is in the past
130. M...Yeah, you don't forget about it.... but I think it sounds daft but almost pivotal because it made me a lot open more open that ...I can talk to people closer to me now; I will talk to my mum about it now more

131. P Do you think that's the process or the individual herself that's been the catalyst for that – or both?
132. M I think it's a bit-o-both; I think the actual process because it's sort of 'cause it was so many sessions you had to get through it's almost you had to cross that bridge, you had to do it... but I think she made a massive difference like I say if it'd been someone who'd've well like I'm doin' my – same as me in like (name of organisation) I'm doin' my job. I think that because she had that
133. P Passion?
134. M Yeah, she had that demeanour, she had that attitude and that overall sort of genuineness, I think it made a difference that it did break it down more, being able to trust her and being able to talk about it and I think it sort of in a general sense helped me now that like Ben and mum and people who are close to me I can sort of, if I need to say and I still get het up and I don't say, it's not as calm as it was in sessions, but it sort of helped me overcome that thing that I can say stuff more
135. P Ok. So, in all this then, as counsellors we're taught that there are three main ingredients of a counselling relationship and they are the counsellor to be genuine
136. M Yeah
137. P...That's congruent, the counsellor to be non-judgemental and the counsellor to be understanding. Which of those would you rate as one, two three if you could rate, or can you not rate?
138. M Erm
139. P...So we've got genuineness, we've got non-judgemental and we've got understanding?
140. M That's really hard. Erm...the two I'm torn between are non-judgemental or genuine. I would probably say genuine just because you need to know that they are bothered, that they are (slight pause)
141. P Caring?
142. M Yeah. But the non-judgemental 'cause I'm quite nervous and quite panicky anyway I'd almost think like it sounds silly sayin' this but ohh, they just think I'm bein' a bit soft oh
143. P So you need reassurance
144. M Yeah almost with the problem that you're not judgin' the problem like
145. P Right, ok
146. M The understandin' I think that comes under the genuine thing that they do want to understand
147. P Ok
148. M...I think it's important but they're the two that jumped out at me I don't know why
149. P Right, ok, right ok. I keep sayin' ok...So they're genuine and not judgemental, so they're giving those things out or she was giving those things out
150. M Yeah

151. P...Tryin' to understand but unless they're there how could they understand.
Is that what you're sayin'?
152. M Yeah. I mean it sounds...you have to understand to an extent to be able to
deal with it but I think that ties in with the other two
153. P Alright. Any questions from you? (relational to Question 20)
154. M No
155. P Ok. Well, thanks for answering you know – all these...would it be ok if I
phoned you in a weeks' time just when I've written everythin' down to check if what
I've done is right? (relational to Question 21)
156. M
157. P Ok....

End

Data checking session – Participant Number Four - via telephone

1. P Thank you for being available
2. M It's alright
3. P Ok. Anything in particular from last time?
4. M (Pause) Not really. I went over it and I think I pretty much covered what I mean. I'm quite happy with it
5. P Ok. So how did you feel after it?
6. M Alright...I enjoyed it actually. It – it made me remember a few things I'd forgot but like good things
7. P That's good, that's good. I took down that you started January February time
8. M Yeah
9. P...And I know you had a bit of a break. When did you finish your counselling, can you remember?
10. M It would have been the end o' March 'cause I 'ad two weeks off
11. P Ok. Alright. And...another question, how do you think that counselling would have been without your counsellor being congruent or genuine we spoke of last time?
12. M It wouldn't have worked; I wouldn't have trusted her
13. P Ok
14. M I wouldn't have told 'er anythin'. I know what I'm like
15. P Ok. Alright. Anything – I'm hearin' that you're sayin' you've got everythin' covered. Is there anythin' else that came up that you think would be relevant to congruence, her genuineness?
16. M Erm – no, not that I can think of. I think they were the main things I remember of the way she was
17. P Yeah, yeah. And I think the big thing with you was the trust, wasn't it?
18. M Yeah. Oh, God, yeah, massively. I think that helped in the long run
19. P Ok
20. (Interruption – call got disconnected...call resumed 30 seconds later...)
21. ...M I think that was probably me knowing what I'm like...(laughing)
22. P (Laughing) Ok...no problem. Well, I think we've got everythin' down haven't we?
23. M Probably yeah
24. P Thank you for taking part

End

Pam (P) interviewing Tim (T) Participant Number Five Telephone

CORE Form filled in: Score 2

CONSENT Form filled in. Participant does not want a copy of the research findings.

1. P Ok. So in terms of the questions, what's your nationality? (relational to Question 3)
2. T English
3. P Ok...so White British?
4. T Yeah
5. P How many sessions of therapy did you have?
6. T With the one guy or...?
7. P Erm...ok well this is concerned with counselling that you've had in the last say, six months so I'm understanding from that that you've had more than one set?
8. T Yeah
9. P Ok when was the last time that you had counselling?
10. T ...Hello...last June with him
11. P Ok...So you mention a guy (relational to Question 8), how many sessions did you have?
12. T Erm...probably about twenty-five...something like that
13. P Twenty-five. Ok. So When did you start? (relational to Question 5)
14. T Erm...I'd say...a year ago
15. P Ok...and when did you finish (relational to Question 6)...was it on a weekly basis?
16. T At first it was then every couple of weeks
17. P Ok so would we say over a period perhaps?
18. T It would've been like over six months
19. P Ok...I'm just writing that down...so over six months. Ok. What type of counselling was it? (relational to Question 7)
20. T CBT
21. P Right. And you said guy so I'm understanding counsellor was male? (relational to Question 8)
22. T Yeah
23. P Ok. What was their age approximately? (relational to Question 9)
24. T Forty
25. P Ok. And their ethnic origin? (relational to Question 10)
26. T White
27. P Ok so I'm understanding White British?
28. T Yeah
29. P Ok. Now, did you choose the counsellor yourself or was he designated to you via...(relational to Question 11)
30. T (Intercepts)...He was assigned to me
31. P I'm just writing that down. Ok. And did you have to pay for it? (relational to Question 12)

32. T No
33. P Ok. Now you don't have to tell me what the issue was, you can if you want to...but was it for a specific issue? (relational to Question 12)
34. T ...It was what they referred to as anxiety but it was a condition – a gastro condition that they were telling me was anxiety for about three or four years....and it's only since they found it was gastrenterosis and whatnot and they found it wasn't anxiety; I'd told them the symptoms and they'd told me it was anxiety. So, the only thing I was actually anxious about was not knowing what the condition was
35. P Mm
36. T Once they'd realised what it was ...
37. P It sounds quite self-defeating in itself really...not knowing about something can cause anxiety so they were treating you for that
38. T ...Yeah...but it was the physical symptoms I was getting' from the food you know, carbs so they were diagnosing me with anxiety when I wasn't actually anxious
39. P Yes
40. T...When I was saying my symptoms to people they were saying it sounds like anxiety, rapid heart beat you know, things like that
41. P Gosh...yeah...ok. So...before you counselling did you have any previous professional knowledge of counselling? (relational to Question 14)
42. T Well I'd had it before
43. P Right, ok so...just tell me what then...
44. T The first one was about 2008
45. P Ok so previous counselling 2008 and what type was that d'you know, Tim?
46. T That was just regular, run-of-the-mill counselling
47. P Right; did you find that helpful?
48. T No, not particularly, no
49. P Ok not helpful
50. T (Intercepts)...what I'm sayin' is changin' my diet was the thing that stopped the anxiety so speakin' to people an' all kinds o' stuff...it was only changin' my diet...
51. P Right, so I understand...the last guy that's what we're basing these questions on, but just as a little bit of history, previous counselling 2008, was that a male or a female counsellor?
52. T Er male
53. P Male. And, anybody else – any other counsellors?
54. T Yep there was a female
55. P Right...when ish-year was that then?
56. T 2009
57. P Ok 2009. Was that helpful or not?
58. T Er not
59. P Ok. Right so was this the same issue supposedly?
60. T (Intercepts) Yeah
61. P...Referred to for this anxiety. Gosh, you've been round the block with it, haven't you!
62. T A little bit, yeah (slowly)

63. P Ok...right, so...the main stuff for the research. The research is on congruence...I don't know whether you've ever heard that word in relation to counselling? (pause)
No?
64. T Nope
65. P Ok...roughly translated it's...it's about the genuineness, honesty, openness, realness of a counsellor
66. T Yeah
67. P So my main question for my research is whether you believe it's important for a client to experience their counsellor as congruent – that's genuine? (relational to Question 15)
68. T Right
69. P What do you think?
70. T Thought that mine were congruent?
71. P Yeah do you think that your...this male counsellor that you saw...do you believe that it's important for a client to experience their counsellor as congruent?
72. T It depends who you mean I mean the first guy I had started tellin' me about how when he had anxiety and he did this and he did that and I thought it's crap everyone who comes in he
73. P Yeah
74. T But that's probably 'elpful to some people you know
75. P Yeah. Ok so what about for you personally?
76. T For me personally, well I mean you know I just, I don't like being lied to kinda thing. If he wasn't making assertions that he's had the same illness that I've had I'd have had no problem with that you know...
77. P Right...when he said that to you...this is the first guy...but when you say he said that to you did you believe him or not?
78. T No not in the slightest
79. P Right ok so if we go back to this last counsellor, you know the one most recent, erm did you perceive him as being congruent or genuine? (relational to Question 17)
80. T Yeah, yeah
81. P Ok how, how would you say that he was genuine?
82. T Erm...he didn't appear to lie to me, he was straight up an' you know and that and he explained the theory that he was tryin' to you know (pause)
83. P Yeah – ok. So if somebody said to you erm what's your understanding of the term genuineness in counselling how would you translate that in your mind? (relational to Question 16)
84. T I guess...I guess it's a hard question 'cause on one hand you could say that it refers to er whether the person's truthful to you or on the other hand there's obviously certain situations where they wouldn't be truthful to you you know like if somebody for example...every condition which the counsellor would know would be with you permanently, would be no help to the patient to know that it was permanent because then it stops them fighting it then maybe they'd tell them they don't have the condition...something like that

85. P Right...ok (very slowly). Right...ok I suppose that's personal...personal choice
86. T Could make symptoms worse...other symptoms worse
87. P Yeah...ok. So on you perceiving this counsellor as truthful, do you believe it was important to you when you were in counselling or not? (relational to Question 15)
88. T Well, I guess so otherwise I wouldn't have come away with that perception
89. P Ok so erm...right so you're saying yeah, I think I did experience him as being genuine. Any evidence that you can say I remember such and such a thing that when he was being truthful?
90. T Erm not really I mean he seemed to show a genuine concern you know and he seemed to...when he asked it seemed he wasn't asking because of his job necessarily, maybe he was asking out of – whether he empathised with my situation maybe I felt like, yeah, he genuinely did yeah
91. P Right so are you saying that you thought that he did care?
92. T Yeah
93. P Ok. Right. So any particular moment that you remember above all the others in relation to him portraying that he was being truthful? (relational to Question 18)
94. T No specific, no eureka moment 'cause er just little things just askin' how things were and askin' personal questions
95. P Ok. How does it feel speakin' about him and the way he was genuine? (relational to Question 19)
96. T Fine
97. P Mm. Anything that's coming up in your mind about the actual process about how he was as an individual?
98. T What do you mean by that?
99. P Well erm, in terms of how you experienced him, we know you're saying he didn't appear to lie to me, I think he was truthful erm can you think of any other qualities that might have made the counselling erm more helpful or not helpful?
100. T I'd say he was willing to listen, you know, willing to take on board what you said. I mean I know he went out – initially when he felt he was getting' nowhere with it because nothin' was really changin'
101. P (Intercepts) Yeah
102. T...Some people would've kept plodding on with what they were doin' but I know he went back and spoke to higher up people and asked them for their solution to it so I know that he actually went out beyond his – beyond himself and tried to sort somethin' out
103. P Right ok so you're sayin' he went out of his way?
104. T Yeah, I guess so
105. P Ok
106. T...I mean if he'd 've just saw it as a regular 9 'til 5 he'd 've probably just carried on with the sessions and not really bothered whereas he went to you know, someone presumably further trained that he is
107. P Yeah
108. T...And asked them for their opinions

109. P Yeah. Ok so would you say that the CBT, would you say that as a therapy...I know it didn't solve the problem but would you say that that was helpful to you?
110. T Er...I guess it was at the time you know. I obviously didn't know what the problem was so it felt like somethin' was happenin' at least
111. P Yeah. So you were gainin' something
112. T Yeah
113. P Somethin' else I've been asking people, did erm, did he disclose anything about his own life, any scenarios
114. T No, not at all. And I kinda knew who he was and he had a contract to me through a friend o' mine and he never once spoke about it, you know
115. P Right, ok
116. T He went out of his way to not
117. P Yeah. Ok so I'm understandin' from this that you're saying that erm...yeah, I think he was genuine, 'cause he didn't lie to me or didn't appear to lie to me, seemed as if he was truthful, erm...he seemed as if he cared er...he showed as if he was listenin' and he went out of his way to seek other help because – not because he was out-of-his-depth but because the problem wasn't being solved it's like right, you know I need to do somethin' about this because I'm not – I'm not able to cure him I suppose
118. T Yeah
119. P So anything else just as a round-up that you can think of in relation to the way erm his genuineness, his openness, or honesty or whatever you can think of?
120. T Not really, no
121. P Ok. Have you got any questions in terms of what I've been asking?
122. T No
123. P No?
124. T No, cool with me
125. P Ok...Tim would it be ok if I give you a quick ring in a week just for a couple of minutes to check if what I've written down is accurate?
126. T Yeah, no problem
127. P Well, I'm just looking in my book, I don't know what your schedule is?...

End

Data checking session – Participant Number Five via telephone

1. P Basically to check how you were after we were speaking last time
2. T Yeah
3. P Fine, ok yeah?
4. T Fine, fine, yeah sound
5. P Ok. I took down that yeah you feel that the last set of counselling was helpful for you although it didn't solve the problem you felt that at least it was doin' something' I understood that
6. T Yeah
7. P Just something you said that you knew – you knew the counsellor via a different route
8. T Yeah
9. P Did he know who you were Tim?
10. T I assume so
11. P Right, so was it to not have that acknowledged then?
12. T Well, I assume that that was just the protocol
13. P Yeah. Erm ok... 'cause I know you said he went out of his way not to mention anything so it's like ok I know you, you know me but silently let's not say anything?
14. T Well I don't know him like that. I wouldn't have known him...the way I knew him was that a friend of mine...works with him and I actually asked the person do you know him and he said oh I taught him everything he knows
15. P (Laughing) Right, ok
16. T Like he knew me like that he would know who I was through that guy because the guy probably mentioned to him
17. P Right
18. T...It wasn't like we were friends or anythin' and he was (pause) you know
19. P I understand. Erm...just another question, the second set of counselling, I know we're talking about the last set primarily, but the second set of counselling, was that CBT?
20. T Yeah
21. P Yeah?
22. T Yeah
23. P Alright. So, anything else that came up from the session that you thought of in terms of the questions I was asking or not?
24. T No, no
25. P Alright. Well, just to say thanks for participating...

End

Pam (P) interviewing Janet (J) Participant Number Six Face-to-face

CORE Form filled in: Score 4

CONSENT Form filled in. Participant would like a copy of the research findings.

1. P Alright. So, I've got certain bits of information – gender and age
2. J Aha
3. P Nationality Janet, please. What's your nationality? (relational to Question 3)
4. J British
5. P Ok. So, how many sessions of therapy did you have? (relational to Question 4)
6. J It was over – it was 4 years
7. P Ok
8. J...Not every week but constant over the 4 years
9. P So ish...how many?
10. J Oh, God,
11. P...That's a hard question I know (pause). Would you say once a month?
12. J It...it varied actually. The last...I'll just let's have a look
13. P...You don't have to get exact...I don't expect you to do sums!
14. J Oh, I'm quite good...I like doing sums! I'm alright doing that
15. P Alright (laughing) Ok
16. J Erm...It would be over 100 actually
17. P Okidoki, 100+ hours
18. J Yeah
19. P When did you start? (relational to Question 5)
20. J Erm...I remember the date actually December er...2008
21. P 2008. And we know you finished October 2011 this year (relational to Question 6)
22. J (Pause) That's right, yeah
23. P They're simple but they're not easy questions
24. J No...I didn't realise at first how long it'd been
25. P Ok. So, what type of therapy was it? (relational to Question 7)
26. J It was person-centred,
27. P Ok. And was your counsellor male or female? (relational to Question 8)
28. J Female
29. P And what was their age approximately (relational to Question 9)
30. J Well, she'd just retired; I think she was about 64
31. P 64. And, what was her nationality?
32. J Again, British
33. P And...was she white?
34. J Yeah
35. P Ok. Did you choose the therapist yourself or was she designated to you via an organisation?
36. J Er first of all I – she was designated to me via work – employee protection...not protection

37. P Assistance?
38. J Yeah...and when it finished after a few weeks I went as a private client
39. P Ahh. Ok, erm...so next question I think you've more or less answered that, did you have to pay for it (relational to Question 12)...not at first but then after?
40. J Yeah
41. P Obviously the tapes are on but I'm just writing this down as it'll help me understand
42. J Yeah
43. P Ok. Was the therapy for a specific issue? You don't have to disclose if you don't want to, but was it for a specific issue? (relational to Question 13)
44. J Erm...it was yes. At the time it was a work-related issue
45. P Right, ok
46. J...but after that it developed into there were other issues
47. P Ok. And prior to that did you have any previous professional knowledge of counselling? (relational to Question 14)
48. J When you say professional knowledge, I had seen a CBT counsellor before
49. P Right
50. J...Via the NHS
51. P Mm. Ok and how long-ish was that ago?
52. J Erm...that was probably 2 years prior to starting with the lady
53. P Ok so that'll have been ish 2006
54. J Yeah
55. P And was it a male or a female?
56. J Er male
57. P Ok. Now this research is obviously focussing on this set of counselling you've just had, but just as a yes or no, would you say that that was helpful or not at the time?
58. J No
59. P No. You sound quite clear about that
60. J Oh, yes (laughing)
61. P Righteeho!
62. J Definitely not! (laughing). Different approach altogether
63. P Ok...so onto the actual topic which is about congruence
64. J Mm
65. P...Do you believe that it's important for a client to experience their counsellor as congruent (relational to Question 15)
66. J (Intercepts) Oh, definitely!
67. P...Genuine...ok. What is your understanding of the term congruence? (relational to Question 16)
68. J Now?
69. P Yes
70. J As you said, genuine erm non-directive erm being yourself in the relationship really
71. P Ok. Erm, now I know you said you're a student at the moment, mm...ok so do you think that your counsellor training although yes it's certainly early days (2

months)...but the training that you've had, do you think it's influenced your understanding of the word congruence or what it should be like or what?

72. J Er...I don't really 'cause I felt that straight away with the lady I saw. Obviously we've gone into more theory about it but at the time I'd started the counselling I wasn't in training at all

73. P Right, ok

74. J...So I just felt that genuineness from her

75. P Ok, all right, yeah. And I'm understanding that you're saying ok, yes you're a few months on the counsellor course but that hasn't influenced you...as you went back to her after you'd finished with the programme

76. J Mm, mm, mm, definitely

77. P Ok this is the answer...this is yes I'm understanding...you did perceive your counsellor to be congruent (relational to Question 17)

78. J Aha

79. P Ok. How?

80. J Erm...I think I felt it from the first time we met, actually. Erm, she'd only said a few words to me and I thought, yeah

81. P Can you remember what it was she said?

82. J Erm I can actually, yeah. Erm...That must be difficult for you

83. P Right, ok, yeah. I mean that's it's quite simple but I think it can be very effective 'cause it shows understanding, doesn't it?

84. J That was the first time anybody'd said that to me and I thought, yeah, I can work with you

85. P Mm

86. J That was within the first (pause) 15 minutes

87. P Yeah

88. J Mm. It was quite powerful, actually

89. P Alright

90. J But...as you say, simple

91. P Yeah. So erm how important do you believe congruence was – if you believe it was when you were in counselling? (relational to Question 17)

92. J It was the main thing

93. P Ok. Why do you say that?

94. J Erm... because I felt she understood

95. P Ok. So if we just look at that little exchange, you told her such-and-such and she said, that must be difficult for you.

96. J Aha

97. P...Do you think it's the congruence or the empathic understanding that was the main thing there or do you think it was both?

98. J I think it was both actually thinking about it, yeah

99. P Ok

100. J Mm

101. P Ok. Why d'you say that?

102. J Erm I think it was the tone of voice she used as well; there was some definite understanding there but I just felt she was being genuine – it wasn't how can I put it...it wasn't a technique she was using
103. P Right, ok. It sounds as if you're saying it came from her, it wasn't put on and she wasn't reading one of a few phrases
104. J No....no no no no it wasn't that
105. P Ok. So, in addition to that can you think of any other particular moments that you remember in terms of her being genuine? (relational to Question 18)
106. J Oh, gosh there was a lot throughout the time erm...erm...
107. P Take your time
108. J It was over a long time...we worked together a long time there was there was numerous times
109. P Yeah, there was a relationship there wasn't there?
110. J Oh, definitely. Erm...mm
111. P How did she convey her genuineness?
112. (Pause) It was interesting really 'cause she never actually said a lot and that was fine
113. P Right, ok
114. J I was fine with that...erm...it took me a long time to show emotion with her so she was (pause) patient I thought. And when I did I thought it was ok to do that
115. P Right, ok so you felt safe?
116. J Yeah, definitely safe, yeah, definitely. You know, it took, gosh I think it took about a year before I'd show any emotion really so erm yeah I definitely felt safe with her
117. P Mmm
118. J Yeah, it was definitely safe
119. P Ok.
120. J And I trusted her as well. I think that was important. Could I trust her? Would she start judging me or something?
121. P So if you think of the components of trust what were the things that showed you that you could trust her?
122. J Erm gosh that's difficult. Erm....
123. P I mean, if you don't know, you don't know
124. J No, I do
125. P...I'm just trying to get the best out of the research
126. J Of course. Erm...There was never any critical comments from her
127. P Ok
128. J Which (pause) wasn't the case with the CBT. I know you don't wanna go into that
129. P No...no...you're free to bring that 'cause obviously, you know, you're a whole person and you've experienced those so you know either consciously or sub-consciously you will compare the 2. What you're saying there is that you weren't judged

130. J No, definitely not
131. P So that in terms of what you've learned on your course so far, that will be towards the unconditional positive
132. J (Intercepts) Regard. It's all mingled, isn't it?
133. P Yeah, it is and you'll 've done Rogers and his 3 conditions, that was one of the 3 conditions. What I'm trying to determine here is how important congruence is out of the 3
134. J Mm
135. P...And I suppose really, you know to see if I can rank it or rate it to see how clients you know perceive which one would be most important if they could be separated; maybe they can't be but...
136. J Mm
137. P...Do you know what I mean?
138. J Yeah, of course, yeah, mm
139. P So, how is it here to reflect on her genuineness? How does it feel?
140. J It feels alright, actually. 'Cause, over the years it was quite a deep relationship obviously. I feel alright else I wouldn't 've volunteered. It feels alright, actually
141. P Ok. Did she any personal disclosure at all – anything about her life or little bits of self-disclosure
142. J Very occasionally, yeah
143. P Ok can you think such as what?
144. J (Pause) My husband's got OCD and is a hoarder
145. P A hoarder
146. J Oh yes. And she did disclose that her husband hoarded
147. P Right
148. J That was later on
149. P So how did that feel then?
150. J I felt it was a greater understanding, actually. Erm...and almost a connection really. It didn't seem out of place
151. P Yeah
152. J It was...it wasn't said
153. P It was appropriate?
154. J It was very appropriate at the time, yeah and as I say that was a long time into the relationship
155. P Ok. So anything else that you can think of that she might have disclosed that you may have felt deepened the relationship or erm you know saw her as being more open or honest or real or authentic or genuine? (relational to Question 18)
156. J (Pause) Yeah. There was one time when she got very upset
157. P Ahhh
158. J Well, yeah she did; not very upset but I could see she was upset
159. P Ok so how did that feel to see that, then?
160. J (Pause) It was alright, yeah. Again, it was appropriate

161. P Ok. So do you think that that had an effect on your...I don't know experience of her and her genuineness or what? (Pause)... 'cause that's a real emotion isn't it?
162. J Well, yeah, there were tears in her eyes and you know I could see she was upset. And, she said she was
163. P Ok
164. J (Pause) Yeah...it did make her feel more genuine, yeah, definitely
165. P How does it feel thinkin' about that?
166. J I'm quite upset thinkin' about that (with a slight laugh)
167. P Ahhh. Ah that's...
168. J Sorry
169. P (Intercepts) What are you apologising for, what are you apologising for this is a relationship you had
170. J Yeah
171. P...With a lady who you've obviously had massive connections with for years (pause)
172. J Mm
173. P But you were touched initially by her saying you know, that must've been difficult (pause)
174. J Mm
175. P Ok. So, anything else in relation to her and the genuineness, the congruence?
176. J I think that was the most memorable, definitely. Obviously over the time I think also the were a few things that stuck out
177. P Yeah. So how is it speaking about it?
178. J (Laughs) More difficult that I thought, actually
179. P Really? What d'you think that's about?
180. J I think it was how important the relationship was, really
181. P Yeah
182. J Definitely
183. P That's...that's a really wonderful experience, isn't it?
184. J Oh, definitely definitely it was. Erm...mm
185. P Ok, this with this lady who is obviously very dear to you, that compared to the CBT erm what are your thoughts and feelings in relation to congruence then?
186. J Erm with him erm it was – he was a clinical psychologist, actually
187. P Right
188. J Very clinical (laughs)
189. P There's no other word, actually...
190. J It was clinical it was in a hospital setting
191. P Right
192. J...Erm it was very much task-based
193. P Yeah
194. J And...it felt like being at school

195. P Oof!
196. J That we had homework to do
197. P Yeah
198. J It was about at the time my husband was hoarding and my husband started coming with me then he walked out 'cause he couldn't cope with it
199. P Ah
200. J...So I went on my own and the task was to throw things away
201. P Right
202. J He also visited the house to see what the hoarding was like (pause) So...
203. P...That feels (pause) intrusive to a certain extent
204. J It got very intrusive – extremely intrusive. And, was kind of well if you've not thrown anything out then you're wastin' my time comin'
205. P Right so you got rejected
206. J I didn't feel there was any understandin' at all. It was very text-book-type
207. P Mm
208. J Clinical settin' no understanding
209. P Right
210. J...At all of the situation
211. P It sounds as if you experienced it as quite cold
212. J Yes, very
213. P...Compared to this
214. J Oh, gosh!
215. P Where well there's no comparison, really
216. J No, no
217. P Completely different experience
218. J Totally. In fact, I finished the other off – stopped going
219. P Right. How many sessions did you have them, Janet?
220. J Erm
221. P Ish
222. J 'Bout 10 and it was just – no
223. P Not for you
224. J No. Definitely not
225. P Ok so anything else in terms of this lady's genuineness and her congruence, honesty, openness, realness and authenticity. Anything I've not asked?
226. J When you phoned me you said I hope you have a nice ending
227. P Oh, right
228. J Obviously – it'd been – it was a long time, you see and she'd told me – I'd guessed she was gonna retire anyway
229. P Yeah
230. J...For months so we were working up to it and we didn't know how to end it...well, I didn't know how to end it
231. P Mm
232. J So we decided to do...both of us I was a bit reluctant at first for her to write me a letter but I wrote a letter and she wrote one

233. P Ah
234. J...About what the relationship had meant
235. P Ah
236. J...So we gave it to each-other the next to the last session and then on the last session we discussed it
237. P Right. So would you say you had a nice ending then?
238. J Yeah it was lovely
239. P (Pause) It sounds as if there was sadness as well that it ended
240. J Erm yes it was, yes
241. P...But you remembered what I'd said I remember now...that's something that I would say erm...the reason I said that to you was that erm when I'd asked you about the research
242. you'd said that you'd been considering it, you'd really thought about it and I said, well ok, erm we'll book it weeks in advance
243. J That's right
244. P...And if it changes for you and you don't wanna do it, let me know, whatever erm...and I could...I sensed it was something that you were building up to and that yeah I hope it's as nice as possible – bits of sadness contained obviously
245. J Yeah
246. P...When you're saying 'ta-ra'
247. J Yeah. It was very emotional obviously but yeah it was a nice ending
248. P Yeah...you remembered what I'd said
249. J Yeah. I did remember. I thought there was a connection then. I thought, yeah, she understands
250. P But that seems as if that's important for you, Jean because you know when you met her for the first time and she said again, that must've been difficult, it seems as if people getting' you and understanding you is extremely important to you
251. J I would say that's the main thing
252. P Right, ok. So, if we play rating
253. J Ok
254. P This is not on my sheet here but I've asked these questions
255. J I appreciate that
256. P...If we play rating congruence unconditional positive regard and empathic understanding
257. if we played rate, would you say they're all equal, different, which would you rank most important from the experience as a client?
258. J I think as a client and not know what each was I think they were all equally important
259. P Ok. Ok and as you've done your bits of counsellor training what would you say – the same or what?
260. J Yeah 'cause for me that makes the whole person – you know the whole counsellor; so yeah, I think they're all equally important
261. P Ok. How have you experienced me today... 'cause obviously I'm a counsellor but a researcher today with a different hat on!

262. J Yeah...all of those
263. P So you felt I've understood you?
264. J Yeah, that's fine – I've not had any issues
265. P Ok, erm would it be ok if ish in a week's time I give you a call to check that everying I've taken down is ok?
266. J Mm
267. P...To check my data? (relational to Question 21)
268. Yeah, that's fine
269. P Ok...I'll switch this off now

End

Data checking session – Participant Number Six via telephone

1. P Ok well thank you for being available. Is there anything left over from last time in terms of the counsellor congruence?
2. J Yeah – I think when you said which was the one that was most important I said all 3, probably say...afterwards...I think the congruence was most important – the feeling that they were genuine and real
3. P Mm. Ok – alright, so anything else apart from that?...I think that's a major thing isn't it?
4. J Yeah that was the major thing. I think everything else was alright. Just thinking about – no, if I didn't think they were real I wouldn't speak to them
5. P Yeah; because you did mention trust, didn't you?
6. J Yeah I wouldn't trust them at all if I didn't think they were genuine
7. P Yeah
8. J...Or safe as well, I wouldn't have felt safe either
9. P Ok so anything I asked that you didn't understand?
10. J No everything was fine
11. P Ok well thank you very much for taking part

End

Appendix k: Worked Example of the Data

Pertinent to Question 16, ‘What is your understanding of congruence?’ what follows is a worked example of the data. This illustration conveys the approach that I followed in accordance with the suggestions for thematic analysis laid out by Boyatzis (1998).

Participant 1: Person-Centred Category

- *I’ve been in contact with the word but I’ve not really understood what it was about (line 58).*
- *You expect to be respected (line 60).*
- *Respect what your client’s going through and respect their point of view (line 62).*
- *A mid-point between yourself and the counsellor (line 62).*

Participant 2: CBT and Integrative Category

- *You’re gonna have to feel safe (line 66).*
- *Reassured that the person knows what they’re doing (line 68).*
- *Maybe they should even tell you what their qualifications are (line 72).*
- *I could trust her with information (line 102).*

Participant 3: CBT and Integrative Category

- *I wanted to meet somebody who understood me (line 56).*
- *Sort of not having to explain too much (line 62).*
- *Real and genuine (line 66).*
- *It’s about respect and respecting the individual’s experience (line 68).*
- *Just accept that you know, your experience is different than mine and that’s ok (line 70).*

Participant 4: CBT and Integrative Category

- *They genuinely want to help you (line 72).*
- *It’s the whole demeanour I think, the whole package (line 74).*
- *It’s just that trust thing (line 76).*

Participant 5: CBT and Integrative Category

- *Refers to whether the person’s truthful to you (line 84).*
- *Genuine concern (line 90).*
- *Wasn’t asking because of his job, necessarily (line 90).*
- *Asking ‘cause he empathised (line 90).*

Participant 6: Person-Centred Category

- *Genuine (line 70).*

- *Non-directive (line 70).*
- *Being yourself in the relationship (line 70).*
- *Empathy (line 97).*

| CBT and Integrative Therapy | Person-Centred Therapy |
|---|--|
| <p>Participant 2:</p> <ul style="list-style-type: none"> • <i>You're gonna have to feel safe (line 66).</i> • <i>Reassured that the person knows what they're doing (line 68).</i> • <i>Maybe they should even tell you what their qualifications are (line 72).</i> • <i>I could trust her with information (line 102).</i> | <p>Participant 1:</p> <ul style="list-style-type: none"> • <i>I've been in contact with the word but I've not really understood what it was about (line 58).</i> • <i>You expect to be respected (line 60).</i> • <i>Respect what your client's going through and respect their point of view (line 62).</i> • <i>A mid-point between yourself and the counsellor (line 62).</i> |
| <p>Participant 3:</p> <ul style="list-style-type: none"> • <i>I wanted to meet somebody who understood me (line 56).</i> • <i>Sort of not having to explain too much (line 62).</i> • <i>Real and genuine (line 66).</i> • <i>It's about respect and respecting the individual's experience (line 68).</i> • <i>Just accept that you know, your experience is different than mine and that's ok (line 70).</i> | <p>Participant 6:</p> <ul style="list-style-type: none"> • <i>Genuine (line 70).</i> • <i>Non-directive (line 70).</i> • <i>Being yourself in the relationship (line 70).</i> • <i>Empathy (line 97).</i> |
| <p>Participant 4:</p> <ul style="list-style-type: none"> • <i>They genuinely want to help you (line 72).</i> • <i>It's the whole demeanour I think, the whole package (line 74).</i> • <i>It's just that trust thing (line 76).</i> | |
| <p>Participant 5:</p> <ul style="list-style-type: none"> • <i>Refers to whether the person's truthful to you (line 84).</i> • <i>Genuine concern (line 90).</i> • <i>Wasn't asking because of his job, necessarily (line 90).</i> • <i>Asking 'cause he empathised (line 90).</i> | |

Figure 7: Worked Example of the Data: Participant Responses

From Figure 7 above, the occurrences in the CBT and integrative category and the occurrences in the person-centred category were categorised. Codes were then defined and presented as below in Figure 8:

| <i>Codes</i> | <i>Number of Appearances in CBT and Integrative Category</i> | <i>Number of Appearances in Person-Centred Category</i> |
|---|---|--|
| <i>Caring</i> | <i>4</i> | <i>0</i> |
| <i>Empathy</i> | <i>1</i> | <i>2</i> |
| <i>Respect</i> | <i>2</i> | <i>2</i> |
| <i>Trust</i> | <i>5</i> | <i>0</i> |
| <i>Understanding</i> | <i>1</i> | <i>0</i> |
| <i>Unrelated to Congruence</i> | <i>11</i> | <i>5</i> |

Figure 8: Worked Example of the Data: Theme Appearances

Appendix 1: Summary of DProf Portfolio

Summary of DProf Portfolio

This thesis is submitted as part of a structured course of learning on a trans-disciplinary Doctor of Professional Studies Programme (DProf). Hence, it feels important here to include a summary of the curriculum which has three broad aims:

- To enable senior practitioners to develop a strategic view of the external dynamic drivers of change to their practice.
- To enable practitioners to develop new knowledge of practice using a structured enquiry as the basis for a doctoral submission.
- To facilitate personal and professional development by enabling students to consciously develop into ‘leading edge’ practitioners who seek to generate and disseminate new forms of practice knowledge, hence influence the development of real life practice.

The programme has required me to reflect on the external drivers of change in counselling practice. This reflection was demonstrated in my assignment for the module Personal and Professional Review. Considering the assignment enabled me to create a broader rationale for the thesis and consider my contribution to practice knowledge. It gave me the opportunity to reflect on what had led me to choose counselling as a profession, my role as a therapist and my future plans as a practitioner.

For some time I have been concerned about the transition of counselling practice from one organised as a cottage industry where the focus of practice has been on the counsellor-client relationship to one where counselling is becoming more standardised and commodified. I believe that there is a danger that the growth of contract therapy and involvement of larger firms is creating a business which can cause changes in the focus of counselling, from less of a personal relationship between client and counsellor, to one which is more contractually driven, and, one which assumes a set number of sessions, sometimes with a particular technique.

I have observed such changes with some misgiving. However, I recognise that nothing in professional practice is certain and there may be real benefits for many from the more widespread use of counselling, using techniques such as CBT. I also recognise that the humanistic approaches, more specifically the concept of congruence, is under-researched from the perspective of those whom it is intended to serve, that is, clients. The Personal and Professional Review module enabled me to crystallise these thoughts and lay the foundations for my subsequent research.

I completed Level 7 by a combination of permitted Accreditation of Prior Certificated Learning (APCL) - 90 credits for my Masters in Counselling Studies and 50 credits Accredited Prior Experiential Learning (APEL). The basis for my APEL claim was my prior knowledge of counselling which was assessed to determine the learning I took from the experience. As a result of the claim I was able to reflect formally on my practice and gain a wider perspective of the counselling profession. The claims for APEL and APCL showed my previous professional qualifications and experience, ranging from academic studies and accreditation with organisations to work based learning (WBL) managing an independent counselling practice.

The second assignment, Practitioner Enquiry, required a developed research proposal and viva, in addition to an explanation of the development of my critical analysis skills in order to produce a written commentary on my chosen research. In this module, I refined the focus of my planned research, detailed the method and created a timetable for implementation. I completed the Minor Research Project module by means of permitted APEL; this consisted of a portfolio and reflective review on my past contributions and practice knowledge of counselling. This thesis is the final component of the Professional Doctorate programme.

Appendix m: Extracts from My Journal

The following are extracts from my personal journal which directly relate to my DProf. Other entries which reference family for example, although they may have impacted on me in some way, have been omitted here. The breakdown below contains some of the notes I made in my journal during the doctoral process and gives the reader a flavour of how the journey has been for me:

Sept 2008 - Aug 2010.

1. Thoughts of doing a Doctorate. To do: - look up Doctorates in Professional Studies. PhD v DProf confusion. Would I be capable? How much would it cost? Pay-offs in private practice? Overwhelmed at information.
2. Enjoying work with clients and supervisees. Isolation in private practice; should do more to get out there practice-wise. Marketing with advanced study? Presenting at conferences?
3. Interviewed and accepted on 'DProf' at Salford Uni. Course content seems ok. Would need to reduce working week? Could be taking on too much? Need balance. Start of journey.
4. Condensed practice - Monday – Wednesday working – feels risky. Start of new era. Course seems interesting; one other counsellor. No-one like me in independent practice.
5. Research stuff. Looking at which topic. Continuing with MSc study – support in Private practice? Enneagram? Congruence in Counselling? Reading articles about research methods etc. Where is gap in literature? Who can help me with ideas?
6. Assignments - voluminous; feeling pressure but passed! Worry re allowing DProf to take over. Different phase in life.
7. Publication of MSc findings – will go in CPR! Proud of myself.
8. Passed next assignment. Did well. Presentation at BACP conference.
9. Next module not comfortable; need advice. Feeling panicky and alone.

Sept 2010 – Sept 2011

10. Transfer to PhD? Accepted on PhD at Salford. Transfer to another Uni? Move to Chester – concerns re DProf programme being in a pre-natal stage at Chester.
11. APEL and APCL claims passed.
12. First assignment at Chester Uni. More work before actual Thesis. Passed assignment
13. Second assignment and viva passed.
14. Research on congruence?

15. Not feeling on top form. Unnecessary learning – so it feels.

16. Have 2nd supervisor but main supervisor?

Oct 2011 – Jan 2012

17. Next APEL and APCL claims passed.

18. Quiet period.

19. Qualitative study. Thematic analysis decided on.

20. Still waiting for supervisor – Uni policy. Politics.

Feb 2012 – June 2012

21. Supervisor found; relief.

22. Reading about grounded theory v .thematic analysis.

Dec 2012 - June 2013

23. Research module started. Exciting though cautious working. Ethics fine.

24. Pilot interview tomorrow.

25. Transcribed pilot – lengthy process.

26. Two participants next week. One rejected (supervisee).

27. Research process ok.

28. Clinical work ok. Bursary for membership fees from BACP. Two more participants.

29. Mustn't get distracted; put on hold thoughts re publishing; keep eye on prize.

30. Another participant. Interviews going ok – said they enjoyed them.

31. Interview six today – interesting – prefer face-to-face than telephone. Fixed format for transcribing.

32. Reading papers. Second supervisor confirmed.

33. Thesis taking shape but a mess. Supported in clinical supervision.

July 2013 – Jan 2014

34. Hand-in of thesis.

35. Awaiting examiners details to be confirmed.

36. Awaiting viva.

37. Anxiety re waiting for date for viva.

38. Viva. Decisions in life re future.

Feb 2014 – November 2014

39. Consideration re comments. Questioning my capability of amendments.

40. Positive thoughts – support from Jenny. Revisions, re-work of thesis. Writing.

41. Meeting with Professor Rowland re progress.

- 42. Healthier lifestyle – diet, nutrition; more self-care; aromatherapy self-study – mixing oils for relaxation.
- 43. Main supervisor, second supervisor and involvement now by director of studies reading drafts.
- 44. Leaflets for counsellors and clients produced and being e-mailed.

December 2014.

- 45. Editing. More editing.
- 46. E-mailing drafts of thesis to supervisors

January 2015

- 47. Practising mindfulness.
- 48. Literature search.
- 49. Editing. More editing.
- 50. Printing and hand-in of thesis.

March 2015

- 51. Minor modifications of thesis.

April 2015

- 52. Printing and hand-in of thesis.

Appendix n: My Responses to the 21 Research Questions

In order for me to put myself in the position of a participant, the following list of 21 questions was answered by me prior to carrying out the research. Unlike participants in the study, it is acknowledged that as the questions were answered years after my counselling had ended, my memory of my counsellor and my therapy may be somewhat blurred.

1. What is your gender? **Female**
2. How old are you? **42**
3. What is your ethnicity? **White British**
4. How many sessions of therapy did you have? **Approximately 50 – once every 2 weeks**
5. When did your therapy begin? **1994**
6. When did your therapy end? **1996**
7. What type of therapy did you have? **Adlerian**
8. Was your counsellor male or female? **Female**
9. How old was your counsellor approximately? **About 65**
10. What was your counsellor's ethnic group? **Mixed race**
11. Did you choose your therapist or was he/she assigned to you via an organisation?
Assigned on my request having asked a family friend, that is, my late father's Doctor re counselling
12. Did you have to pay for your therapy? **Yes**
13. Was your therapy for a specific issue? **Yes. Initially it was for bereavement however other issues to work on became apparent**
14. Do you hold any counselling qualifications? **Not at the time**
15. Do you believe it is important for a client to experience their counsellor as congruent, also termed as genuine, honest, open, real and authentic? If so why? **Yes in order to trust primarily**
16. What is your understanding of congruence? **Genuineness and honesty, realness, giving of self, spontaneous though disciplined relating**
17. Did you perceive your counsellor to be congruent in therapy sessions? If yes how? If no why not? **Yes – her genuineness, honesty and her giving of self**
18. Was there any particular moment you remember more than others in relation to your counsellor's genuineness? **Yes when she suggested I needed to "take part in life more"**
19. How has it been to reflect on your counsellor's genuineness? **Nice – though it was difficult. Therapy was a good experience for me and I don't mind thinking about how it was; it's not painful to remember; it's ok**

20. Would you like to ask me any questions? N/A

21. Is it ok to arrange a follow up interview in order to check my data? N/A

Appendix o: **Breakdown of Findings Not Relational to the Research Aims**

Question 1: What is your gender?

- Females: 5 participants
- Males: 1 participant

The female respondents provided more detailed answers than the one male participant (5:1). This could suggest that females are more willing to engage in counselling research, a consideration found in a previous study (Savic-Jabrow, 2007). However, as the overall sample size is small, the question of whether this could reflect a gender-bias in the counselling client population is unclear. Moreover, it is accepted that confidence cannot be claimed via evidence drawn from one person (Tomm and Hamilton, 1988). This study did not intend to analyse participants' gender. However, it seemed necessary to include this generic data.

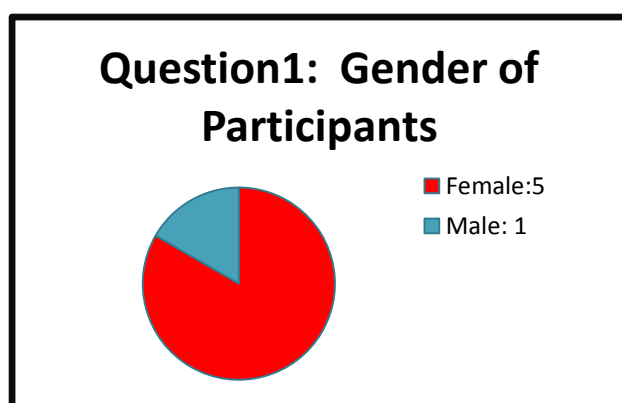


Figure 9: Question 1: Gender of Participants

Question 2: How old are you?

The age of respondents were placed into three categories:

- Under 30s: 3 participants
- 31-50 years: 1 participant
- 51 + years: 2 participants

The average age of participants was 37. Similar to Wong and Ng's research (2008), the study age sample spanned 34 years. Grafanaki and McLeod's study (2002) used a similar yet smaller client age sample, spanning 25 years. This question was asked in order to determine

if perceptions of congruence varied in the age-groups of clients. It seemed necessary to include this generic data, although not much emphasis was placed on it.

Question 3: What is your ethnicity?

- White British: 5 participants
- Black Afro-Caribbean: 1 participant

The inclusion of a Black Afro-Caribbean female (2nd generation) differentiates this study from those carried out by Grafanaki and McLeod (2002) and Wong and Ng (2008). The former study used all White European client participants. In my study, the use of a Black Afro-Caribbean female allowed a small insight into the role of congruence in multi-cultural counselling relationships. As is examined later, emphasis was placed by this participant (Participant Number Three) on ‘understanding’ in therapy, in relation to culture. The inclusion of one Black Afro-Caribbean female goes a very small way to increasing the external cultural generalizability (however a sample size of one is not considered significant). To claim generalizability, further evidence from future research using a larger multicultural sample would be required. With a sample of one, the findings cannot be regarded as indicative. This study did not aim to analyse gender. However, the data collected from this participant was interesting and it felt necessary to include this information.

Question 4: How many sessions of therapy did you have?

The number of sessions undertaken by participants ranged from three to a hundred plus sessions.

- 10 or fewer sessions: 3 participants
- 11-39 sessions: 1 participant
- 40-50 sessions: 1 participant
- 100+ sessions: 1 participant

This question was asked with the intention of determining if the amount of sessions of therapy had by participants affected whether and how congruence was perceived. The question was not an original aim and although the data was incorporated in the study, minimal use was made of it. It is interesting to note that more of an understanding of congruence was reported by Participant Number Three and Participant Number Six who had

the most sessions, that is, 40-50 and 100+ respectively. This finding could suggest that understandings of congruence and the ‘connection’ that participants spoke of, are developed and strengthened over time. Interestingly, ‘connection’ was reported as a significant element in the study carried out by Wong and Ng (2008); they found that connection could be achieved through trust and safety.

What was not looked at in this study is the consideration that a lack of congruence in a therapist leads to a client not wanting to continue with counselling. However, this is speculation as insufficient numbers mean that this suggestion would need to be qualified with further research.

Questions 5 and 6: When did your therapy begin? When did your therapy end?

- Less than 3 months: 3 participants
- 6 month–1 year: 2 participants
- More than 1 year: 1 participant

Questions five and six were asked in order to learn how far back participants’ therapy dated. However, the two questions may have been better phrased as a single question of, ‘Over what time period did you have counselling?’ The therapy experienced by participants ranged from a period of two months to four years. More of a client-therapist connection appeared to be suggested by participants three and six whose therapy was over a longer duration. However, whilst the therapy of Participant Number One lasted for two months, this person appeared to have a greater understanding of both congruence and her therapist, than for example, Participant Number Five whose therapy lasted for six months. Evidence for this is seen in Participant Number One’s responses, when she talked about: methods of displaying congruence; the respect that a therapist should show to a client and the difference between congruence and empathy. This could suggest that a greater number of sessions with one counsellor may not benefit a client as much as a quarter of that amount with another counsellor, with whom a client is more able to connect. However, as the sample size in this study is small, the above suggestions are not generalizable and further research would be required to clarify any considerations.

Question 7: What type of therapy did you have?

Participants had received one of the following modes of therapy:

- Integrative: 3 participants
- CBT: 1 participant
- Person-Centred: 2 participants

From this question, two categories emerged: those participants who had experienced CBT or integrative therapy and those participants who had experienced person-centred therapy. The research initially set out to recruit individuals who had participated in person-centred therapy however the leaflet inviting participants (Appendix a) did not specify this. Hence, as individuals came forward having had ‘therapy’, the decision to combine CBT and integrative therapy was borne from the idea of comparing and contrasting congruence from the viewpoints of clients who had experienced person-centred therapy with congruence from the viewpoints of those who had experienced other forms of therapy. Person-centred therapy was given a category of its own due its focus on congruence (Rogers, 1961). This was not one of the original aims; it was a decision that was made during the study.

It is also recognised, that although this study asked participants whether Rogers’ definition of congruence had meaning for them, informing participants that the definition was “Intended as a starting point only and that their own experience might be very different” (Knox and Cooper, 2010, p. 8) may have been appropriate.

A problem arising from designating two categories was that from participants’ responses it was understood that the integrative therapy that participants experienced included person-centred and CBT techniques. Hence, it was not possible to determine whether the responses that participants gave were related to the person-centred, CBT or SFT techniques of the therapist. This resulted in unreliable, inaccurate data. The categories were therefore weakened by the fact that some of the integrative therapy was person-centred and integrative therapy was combined with CBT. As a reverse, integrative therapy could have been combined with person-centred therapy. However, to allow a separate (third) category for integrative therapy would have diminished the validity of the results found in the CBT category. Moreover, as only one participant had received CBT, to have just one individual for one category would have further reduced the ability to compare. Furthermore, to have had one category for each form of therapy would have rendered integrative therapy as non-classifiable due to ‘integrative’ containing various therapies such as person-centred or even solution-focused or

Adlerian. In short, the decision to compare person-centred with other forms of therapy arose from a misconception that congruence was more important in the former. Instead, it appears that congruence can be equally important for individuals, regardless of the therapeutic model that participants experienced. The data from this question was made use of throughout the study.

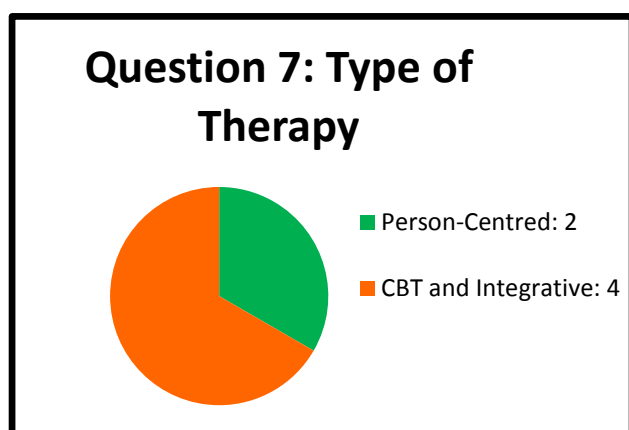


Figure 10: Question 7: Type of Therapy

Question 8: Was your counsellor male or female?

- Female: 5 participants
- Male: 1 participant

This question was asked in order to determine whether a gender difference between a counsellor and a client affects the level of congruence perceived. All participants engaged in therapy with a counsellor of the same gender. This may have been coincidental, client choice or it may indicate a pattern in organisations to assign clients to the same sex where possible. These possibilities however, are merely tentative suggestions and confidence in relation to gender cannot be gained from data derived from such a small sample. It was not an original intention to compare counsellors' genders. However, it felt necessary to ask this question in order to obtain the generic data.

Question 9: How old was your counsellor, approximately?

- Under 30 years: 0 participants
- 31-50 years: 3 participants
- 51+ years : 3 participants

This question was asked in order to gauge whether the ages of counsellors and participants affected the level of congruence perceived. The smallest age gap was around three years, whilst the largest age gap was around 18 years. Interestingly, one participant did recognise her counsellor as being “Older and wiser” (Participant Number Three, line 97). However, congruence was reported by all participants, regardless of the age of their therapists. Although little use was made of this data, as it was generic, it felt necessary to ask this question.

Question 10: What was your counsellor’s ethnic group?

- White British: 6 participants

This question was asked after the interview with Participant Number One (when I was reflecting on prior research carried out by Wong and Ng, 2008). All of the participants’ therapists were White British and all participants viewed their counsellor as what they understood to be congruent. One participant interviewed, who was a second generation Afro-Caribbean female, had experienced counselling with a White British therapist. She regarded her counsellor as congruent, stating that she showed, “Understanding” (Participant Number Three, line 60). This understanding came from self-disclosure and could suggest that congruence is both multi and cross-cultural. Moreover, it could suggest that congruence can be appreciated even when a client and a counsellor are not of the same ethnic category. However, due to there being just one Black Afro-Caribbean involved in the study, the cross-cultural overlap is small hence generalizability to other cultures cannot be claimed. Although confidence cannot be claimed from this generic data, it seemed important to obtain this basic information.

Question 11: Did you choose your therapist or was she assigned to you via an organisation?

- Assigned via organisation: 5 participants
- Chosen by participant: 1 participant

This question was originally asked in order to ascertain whether given the choice, a participant would have preferred to choose the gender, ethnicity, age or specialism of their counsellor. Generic characteristics such as therapists’ ages were not referred to as a concern

by participants. What did appear to be important, is a counsellor who is: honest; real; understanding; accepting and encouraging. One participant, who demonstrated a clear understanding of congruence stated, “If I hadn’t experienced those things there’s no way I would have continued” (Participant Number Three, line 48). Although the data from this question was incorporated in the findings, no other use was made of it.

Question 12: Did you have to pay for your therapy?

- Therapy received free of charge: 4 participants
- Therapy paid for: 2 participants

This question was originally asked in order to determine whether paying for counselling affected participants’ perceptions of the level of congruence received. All participants reported that they had experienced congruence, including those who paid for therapy and those who received it free of charge via an EAP. Clients who pay for therapy usually do so under a private contract, hence, the number of sessions is often not pre-determined. It does not appear that receiving therapy free of charge or paying for therapy affected the relationships between participants and their counsellors. However, further research is needed to prove or disprove this suggestion. Furthermore, although the data from this question was incorporated in the findings, no other use was made of it.

Question 13: Was your therapy for a specific issue?

Participants accessed counselling for the following reasons: stress at work; illness; family; home-life issues and personal development purposes. Congruence was experienced by all participants, regardless of the reasons for which they entered therapy. This question was asked in order to determine whether the issue for which therapy was sought affected the congruence perceived. A full analysis of this question however was not undertaken. This could be seen as a missed opportunity. However, at the time of interviewing, although it was the intention to incorporate the data from this question, it was not the intention to carry out a therapeutic interview and focus on participants’ issues.

Question 14: Do you hold any counselling qualifications?

- No: 4 participants
- Yes or In Training: 2 participants

The two participants who had some prior knowledge of counselling were those who were most aware of the term congruence and the impact they considered it had on their therapy (Participant Number Three and Participant Number Six). However, Participant Number Two, who had no counselling qualifications, strongly attributed congruence to competence. However, as this was a small scale study, this finding is not considered to be generalizable to the larger counselling population. The question was asked in order to learn whether congruence was viewed as more or less important in therapy by participants who had prior knowledge of counselling. However, although the findings from this question were interesting, little use was made of the data as it was thought at a later date not to be relevant as previously thought.

Appendix p: Research Schedule

When I began the research element of this Doctoral Programme, I decided to reduce my working week from five days to three days. This gave me the time to carry out this study. Estimated dates for the research tasks, including durations, were laid out in the form of a GAANT Chart which was compiled in March 2011. However, this chart was not strictly adhered to (Appendix f). What follows is a list of the tasks carried out:

- Complete literature and study review.
- Complete research proposal.
- Submit proposal to ethics and await approval.
- Carry out pilot study.
- Distribute leaflets inviting participants.
- Await participant responses.
- Arrange interviews.
- Conduct interviews.
- Conduct follow-up interviews.
- Transcribe interviews.
- Thematic analysis.
- Write-up thesis.
- Produce leaflets.
- Disseminate findings to interested participants.
- Prepare for viva.
- Addition from January 2014: Revisions to thesis.